

# Idaho

## UNIFORM APPLICATION FY 2019 BEHAVIORAL HEALTH REPORT SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 06/07/2017 - Expires 06/30/2020  
(generated on 01/02/2019 11.48.30 AM)

Center for Substance Abuse Prevention  
Division of State Programs

Center for Substance Abuse Treatment  
Division of State and Community Assistance

## I: State Information

### State Information

#### I. State Agency for the Block Grant

Agency Name Idaho Department of Health and Welfare

Organizational Unit Division of Behavioral Health

Mailing Address POB 83720/3rd

City Boise

Zip Code 83720-0036

#### II. Contact Person for the Block Grant

First Name Rosie

Last Name Andueza

Agency Name Idaho Department of Health and Welfare

Mailing Address POB 83720/3rd

City Boise

Zip Code 83720-0036

Telephone 208-334-5934

Fax 208-332-7305

Email Address rosie.andueza@dhw.idaho.gov

#### III. Expenditure Period

##### State Expenditure Period

From 7/1/2017

To 6/30/2018

##### Block Grant Expenditure Period

From 10/1/2015

To 9/30/2017

#### IV. Date Submitted

Submission Date 11/30/2018 10:50:09 AM

Revision Date 12/28/2018 12:24:44 PM

#### V. Contact Person Responsible for Report Submission

First Name Jonathan

Last Name Meyer

Telephone 208-334-6682

Fax 208-332-7305

Email Address Jonathan.Meyer@dhw.idaho.gov

#### VI. Contact Person Responsible for Substance Abuse Data

First Name Jonathan

Last Name Meyer

Telephone 208-334-6682

Email Address Jonathan.Meyer@dhw.idaho.gov

**Footnotes:**

## II: Annual Report

**Table 1 Priority Area and Annual Performance Indicators - Progress Report**

**Priority #:** 1

**Priority Area:** Primary Prevention Workforce Development

**Priority Type:** SAP

**Population(s):** PP

**Goal of the priority area:**

Increase the number of Certified Prevention Specialists in Idaho.

**Strategies to attain the goal:**

Provide ongoing training and technical assistance to local prevention providers to enhance quality prevention programming and equip them with the knowledge necessary to take the CPS exam.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of Certified Prevention Specialists registered in Idaho with the IBADCC

**Baseline Measurement:** Number of active Idaho Certified Prevention Specialists registered with the IBADCC as of June 1, 2017, is 16.

**First-year target/outcome measurement:** Number of active Idaho Certified Prevention Specialists registered with the IBADCC as of June 1, 2018, will be 19.

**Second-year target/outcome measurement:** Number of active Idaho Certified Prevention Specialists registered with the IBADCC as of June 1, 2019, will be 24 .

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Idaho Board of Alcohol/Drug Counselor's Certification Database

**New Data Source(if needed):**

**Description of Data:**

CPS Registration Certifications

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

No data issues forseen

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The number of active Idaho Certified Prevention Specialists registered with the IBADCC as of June 1, 2018, is 21 as measured by IBADCC Counselor Search database at: <http://www.ibadcc.org/>. The Office of Drug Policy (ODP) contracted with Community Anti-Drug

Coalitions of America (CADCA) to design and implement an Idaho specific CPS training curriculum. Both in-person and online courses were made available covering information in each of the six domains associated with the CPS credential to prevention providers. As part of the course, ODP sponsored CPS exam preparation sessions and arranged for the exam to be available as the last piece of the training module. Additionally, ODP worked with SAMHSA's Center for the Application of Prevention Technologies (CAPT) to increase access to on-line competency-based training for providers in our rural and frontier areas.

**Priority #:** 2  
**Priority Area:** Primary Prevention Outcomes Measurement  
**Priority Type:** SAP  
**Population(s):** PP

**Goal of the priority area:**

Strengthen Idaho's data collection and evaluation capacity to accurately measure prevention program outcomes.

**Strategies to attain the goal:**

Provide ongoing training and technical assistance to local prevention providers to enhance evaluation capacity to accurately evaluate their programs/activities.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Number of primary prevention providers in compliance with established quarterly data report deliverables as entered into the ODP data management system.  
**Baseline Measurement:** Number of current SABG funded primary prevention providers in compliance with reporting data as of June 30, 2017, is 59% as measured by ODP data management system.  
**First-year target/outcome measurement:** Number of current SABG funded primary prevention providers in compliance with reporting data as of June 30, 2018, is 62% as measured by ODP data management system.  
**Second-year target/outcome measurement:** Number of current SABG funded primary prevention providers in compliance with reporting data as of June 30, 2019, is 65% as measured by ODP data management system.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Office of Drug Policy (ODP) data management system

**New Data Source(if needed):**

**Description of Data:**

ODP Qualitative and quantitative data tracking reports

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

No data issues foreseen.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The number of current SABG funded primary prevention providers in compliance with reporting data was 62% of June 30, 2018, as

measured by the Office of Drug Policy (ODP) data management system. Both the Office of Drug Policy (ODP) Grant Director and Research Analyst were available for questions from grantees as they arose. Like previous years, ODP conducted a pre-application webinar and grantee webinar to discuss the grant process and reporting requirements. Further, the Grant Director implemented tracking mechanisms to better identify grantees that need additional follow up.

**Priority #:** 3

**Priority Area:** Primary Prevention Evidence-based Programming

**Priority Type:** SAP

**Population(s):** Other (Primary Prevention Providers, Coalition Members)

**Goal of the priority area:**

Increase the number of prevention providers implementing programs/activities as defined under CSAP strategy "Community-based Processes."

**Strategies to attain the goal:**

Identify approved community-based process strategies and disseminate recommendations for programs/activities to specific, selected providers.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of primary prevention providers reporting programs/activities defined under the community-based strategy as measured by ODP data management system.

**Baseline Measurement:** Number of primary prevention providers reporting programs/activities defined under the community-based strategy as of June 30, 2017, is 1 as measured by ODP data management system.

**First-year target/outcome measurement:** Number of primary prevention providers reporting programs/activities defined under the community-based strategy as of June 30, 2018, will be 3 as measured by ODP data management system.

**Second-year target/outcome measurement:** Number of primary prevention providers reporting programs/activities defined under the community-based strategy as of June 30, 2019, will be 5 as measured by ODP data management system.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Office of Drug Policy data tracking system.

**New Data Source(if needed):**

**Description of Data:**

Evaluation data entered by providers.

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

Providers may need further training regarding correct identification of community-based process activities.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

Two separate grantees, Research and Business Development Center and Homedale School District, identified specific local conditions tied to increasing youth use of vaping products as a catalyst for community organizing and planning. Both groups were successful in pulling community members together to launch collaborative awareness campaigns and advocate for increased prevention education in their schools. A third grantee, Lifeways Community Services, completed CADCA training to assist with coalition building and successfully produced a comprehensive substance abuse needs assessment. By 02/01/2018, this group had signed Coalition Involvement Agreements identifying the required 12 community sectors and defined SMART objectives addressing their local conditions as the first step of their initial 12-month action plan.

**Priority #:** 4  
**Priority Area:** Intravenous Drug Users  
**Priority Type:** SAT  
**Population(s):** Other (Substance Use Disorders Clients)

**Goal of the priority area:**

Continue to ensure that Idaho does not have a waiting list for services for this population given the opioid epidemic.

**Strategies to attain the goal:**

Monitor time frames experienced by this population in accessing care; assess network capacity on a regular basis; recruit new providers as needed; analyze current process; and make changes where needed in order to expedite services.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Status of waiting list.  
**Baseline Measurement:** No wait for access to service currently.  
**First-year target/outcome measurement:** No wait list.  
**Second-year target/outcome measurement:** No wait list.  
**New Second-year target/outcome measurement(if needed):** Eliminate waitlist for IVDU population by June 30, 2019.

**Data Source:**

WITS; DBH Dashboard

**New Data Source(if needed):**

**Description of Data:**

Screening, referral and intake data available through WITS. If Idaho ever needs to create a waiting list, that too will be a WITS product. The DBH Dashboard provides information regarding days between intake and service delivery.

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

None at this time.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

Idaho is a non-Medicaid expansion state. The Block Grant is the primary resource for Substance Use Disorder (SUD) treatment for low-income, uninsured Idahoans. Requests for SUD treatment during SFY 18 exceeded available funding in all categories (IVDU, PWWDC, etc). As a result of this budget shortfall, Idaho was forced to implement a waitlist for the IVDU population. Our Managed Services

Contractor (MSC) uses an internal capacity management tracking system to track eligible individuals in order to admit this priority population within the prescribed time frames, maintains contact with, and reports on this priority population while they were awaiting admission to treatment. Additionally, interim services are offered to all qualifying individuals placed on the waitlist. Interim services are offered within 48 hours of being added to our waitlist. Any pregnant women injecting drugs are not waitlisted and are given priority access to treatment aligning with Block Grant requirements. Idaho follows SABG requirements in ensuring that all individuals on the IVDU treatment waitlist are assigned a unique client identifier. Clients are only removed from the waitlist if they cannot be located or they refuse treatment when contacted. Idaho follows SABG timelines for working to ensure individuals on the waitlist are offered treatment at 120 days or greater on the waitlist. Idaho is presently working on outreach to any individuals remaining on our waitlist who have been on longer than 45 days to offer treatment services with a goal of eliminating our present waitlist for IVDUs by the end of SFY 19 while still maintaining a balanced budget.

Finally, Idaho has revised our 2nd year target. We will hope to eliminate the waitlist implemented in SFY 2018 for the IVDU population by the close of SFY 2019.

**How first year target was achieved (optional):**

**Priority #:** 5  
**Priority Area:** Pregnant Women and Women with Dependent Children  
**Priority Type:** SAT  
**Population(s):** PWWDC

**Goal of the priority area:**

Expand number of providers in the PWWDC specialty network.

**Strategies to attain the goal:**

Work with Managed Care Services Contractor to recruit and train additional providers.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Number of providers.  
**Baseline Measurement:** There are currently 7 providers in this specialty network.  
**First-year target/outcome measurement:** Increase number of specialty providers to 8.  
**Second-year target/outcome measurement:** Increase number of specialty providers to 10.  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Managed Care Services Contractor (MSC) contractor.

**New Data Source(if needed):**

**Description of Data:**

Provider Enrollment Report.

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

We may have a new MSC contractor for FFY 19.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)



**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

As of 9/20/2018, there are 24 provider agencies with 38 locations in Idaho's PWWDC specialty network. We met this goal through targeted outreach efforts from our Managed Services Coordinator (MSC).

**Priority #:** 6  
**Priority Area:** Tuberculosis  
**Priority Type:** SAT  
**Population(s):** TB

**Goal of the priority area:**

All SUD clients are screened for TB and referred for medical services as appropriate.

**Strategies to attain the goal:**

Screen all SUD applicants for TB and make medical referrals as appropriate.

### Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** Number of client screened for TB  
**Baseline Measurement:** Number of clients screened for TB in 2016.  
**First-year target/outcome measurement:** 85% of SUD clients are screened for TB  
**Second-year target/outcome measurement:** 90% of SUD clients are screened for TB  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

WITS

**New Data Source(if needed):**

**Description of Data:**

Number of client responses to TB questions entered into WITS system.

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

None anticipated

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

All individuals receiving SUD treatment services are screened for TB at the time of eligibility screening. Additionally, IDHW's electronic health record (EHR) system, WITS, contains a required TB screening field. Further, clients are offered referrals for testing facilities and locations.

**Priority #:** 7  
**Priority Area:** Adult Mental Health- System Concerns, Barriers to Accessing Services  
**Priority Type:** MHS  
**Population(s):** SMI

**Goal of the priority area:**

Assess the adult mental health system of care Idaho currently has in place, initiatives that are currently under development, and the state's overall needs.

**Strategies to attain the goal:**

Contract with the Western Interstate Commission for Higher Education (WICHE) to commission an updated assessment of Idaho's publicly-funded adult mental health system.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Conduct a statewide assessment of Idaho's publicly funded Adult Mental Health system.  
**Baseline Measurement:** Last assessment conducted in 2008.  
**First-year target/outcome measurement:** Contract in place for the assessment of the current adult mental health system of care, current initiatives, and the state's overall needs.  
**Second-year target/outcome measurement:** Assessment reviewed and strategic planning conducted to determine the steps needed to meet the state's overall needs for its adult mental health system.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Western Interstate Commission for Higher Education (WICHE) assessment report, Division Administration, contract monitoring

**New Data Source(if needed):**

**Description of Data:**

Assessment findings and final report, contract monitoring reports.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Possible issues may be encountered during the contracting process as the state will need to develop a contract and enter into a contract to conduct the assessment.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The Department of Health and Welfare for the state of Idaho contracted with the Western Interstate Commission for Higher Education's Mental Health Program (WICHE MHP) to complete a third-party assessment and recommendations for a redesign of Idaho's mental health and substance use treatment delivery system.

In May 2018, the report on the System Redesign Status Update and Mental Health Service Array Assessment 2018, was provided to the Division of Behavioral Health's Division Administrator, who submitted it to stakeholders, employees, and citizens of Idaho. The report can be found on the Department of Health and Welfare's website at [https://healthandwelfare.idaho.gov/Portals/0/Medical/Mental%20Health/WICHE\\_2018\\_ID\\_FINAL\\_REPORT\\_4.30.18.pdf](https://healthandwelfare.idaho.gov/Portals/0/Medical/Mental%20Health/WICHE_2018_ID_FINAL_REPORT_4.30.18.pdf).

On October 19, 2018, the first meeting is scheduled for the Steering Committee who will be reviewing the WICHE MHP report 2018. On this date the Steering Committee will begin the strategic planning process and determine the necessary steps to begin working towards meeting the state's overall needs for the mental health system.

**Priority #:** 8  
**Priority Area:** Barriers to Maintaining Recovery  
**Priority Type:** MHS  
**Population(s):** SMI

**Goal of the priority area:**

Implement Homes with Adult Residential Treatment (HART) services in Idaho.

**Strategies to attain the goal:**

Idaho has identified a gap in community placement options for individuals with mental illness who have complicated personal care and behavioral challenges. The appropriate model for providing the level of support necessary to safely manage and effectively treat individuals with mental illness of a certain severity does not exist in Idaho. To address this service gap, a work group of providers, advocates, stakeholders and Department of Health and Welfare (DHW) representatives was established to develop a specialized category of residential care for individuals with a SPMI. This new residential level of care is called Homes with Adult Residential Treatment (HART) and will consist of coordinated residential care and clinical behavioral health services in a homelike setting. Funding has been allocated to conduct a demonstration of the HART model.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Enter into contracts for HART services in each of the three service hub areas of the state.  
**Baseline Measurement:** There are currently no HART services available in the state.  
**First-year target/outcome measurement:** Identify HART demonstration project providers and enter into contracts.  
**Second-year target/outcome measurement:** Conduct assessment to determine feasibility of expanding HART services statewide.  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Contraxx contract monitoring, Optum Idaho, Division Administration

**New Data Source(if needed):**

**Description of Data:**

Numbers of contracted services providers and numbers of services provided.

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

Implementation and expansion of HART services will be dependent on Legislative approval of funding and availability of providers.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The HART demonstration project was initiated to pilot an intensive treatment oriented residential living program for individuals with a serious and persistent mental illness. Contracts have been implemented with four HART facilities across the state. The HART provides a safe and therapeutic homelike environment including meals, living space, assistance with daily living, and integrated clinical treatment

services. Each HART provider is required to be an Optum approved Idaho Behavioral Health Plan provider, able to deliver an array of treatment services including assessment, treatment planning, psychotherapy, community/peer supports, CBRS, group therapy, case management, and medication services. It is hoped the HART model will allow for the provision of clinical treatment interventions to better address behavioral health related issues which previously were unable to be addressed without evicting the resident or escalating the resident to a crisis or emergency facility.

**Priority #:** 9  
**Priority Area:** Barriers to Accessing Services  
**Priority Type:** MHS  
**Population(s):** ESMI

**Goal of the priority area:**

Implement and expand access to First Episode Psychosis (FEP) services in Idaho.

**Strategies to attain the goal:**

Idaho is in the process of implementing the STAR program in three regions, providing state-delivered services to provide FEP treatment based on the On-Track Coordinated Specialty Care (CSC) treatment model. Ongoing implementation strategies include identifying staffing resources, addressing training needs, developing standard procedures and developing data and outcome tracking.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Number of fully implemented FEP teams.  
**Baseline Measurement:** Idaho currently has one active FEP team and two teams still in development.  
**First-year target/outcome measurement:** Two teams in the implementation stage.  
**Second-year target/outcome measurement:** Three teams in the implementation stage.  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

WITS, Division Administration

**New Data Source(if needed):**

**Description of Data:**

Numbers of clients receiving FEP services, numbers and types of services provided, outcome data

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

The implementation of FEP services is currently being funded from the designated block grant allotment. Challenges to implementing the regional FEP programs include outreach to increase referrals on clients that have a short duration of untreated psychosis prior to being hospitalized, rural access, and staffing issues. We serve numerous counties in rural areas, which makes accessing services and travel difficult for clients and team members. One of our greatest challenges is staffing, as the Department does not have the authority to hire additional permanent positions outside of the current approved limit established by the Idaho Legislature. This makes building a team, maintaining and adding additional staff as needed a challenge. Additionally, limited availability of psychiatric providers impacts available prescriber time to dedicate to the FEP programs. The Region 6 program has faced significant challenges due to turnover in staffing and a change in administration and is in the process of re-configuring the FEP service team.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:****How first year target was achieved (optional):**

Idaho has been working towards expanding the First Episode Psychosis programs across the state. Currently, there are three Regions that have specific First Episode Psychosis programs called STAR (Strength Through Active Recovery) in the Implementation Stages.

Region 7 is in the Full Implementation Stage. Their STAR Team currently participates in the MHBG 10% Early Intervention Study. They have several staff on the STAR Team providing these roles, an Outreach Coordinator, Primary Clinician, Recovery Coach, Nurse, Psychiatrist, Peer Specialist, IPS-Individual Placement Specialist, and Clinical Supervisor. There are twenty-one Clients enrolled, and there have been three graduates this past year. Two members from the Region 7 STAR Team will be attending the 11th International Conference on Early Intervention in Mental Health in October 2018.

Region 3 is at Initial Implementation Stage, moving towards the Full Implementation Stage, by putting into practice much of what they have researched and received in training. Their caseload has increased to eleven Clients enrolled, with two individuals in the screening process. As of 8/20/2018, Region 3 has a .75 clinician providing FEP direct clinical services (prior to that it was .65), a .475 clerical staff providing office support, and are in the process of hiring a .65 peer specialist. One member from the Region 3 STAR Team will also be attending the 11th International Conference on Early Intervention in Mental Health in October 2018

Region 6 has progressed to the Initial Implementation Phase. They have eight staff members identified as part of their STAR Team and two Client's currently enrolled. Services they offer include medication management, having a primary clinician, case management, skills-based learning, and independent living.

On May 25, 2018, the three STAR programs brought in Dr. Ryan Melton from Portland State University, to train the Division of Behavioral Health Clinicians on Cognitive Behavioral Therapy for Psychosis. An estimate of 130 Department of Health and Welfare employees and community Clinicians attended this training.

**Priority #:** 10

**Priority Area:** Barriers to Maintaining Recovery

**Priority Type:** MHS

**Population(s):** SED

**Goal of the priority area:**

Provide Family Engagement services.

**Strategies to attain the goal:**

As Idaho moves forward with the development of a new system of care for children with SED, a primary need identified by parent and stakeholders is the availability of family engagement services. The Division will need to identify the categories of needed services and supports, develop a Request For Proposal (RFP) and select a contractor for the provision of needed services and supports.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Contract initiated for the provision of Family Engagement supports and services.

**Baseline Measurement:** Contract not in place.

**First-year target/outcome measurement:** Specific services and supports identified, defined and a RFP posted.

**Second-year target/outcome measurement:** Contract for Family Engagement services implemented.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Contraxx contract monitoring, YES, Division Administration

**New Data Source(if needed):**

**Description of Data:**

Contract monitoring reports and numbers and types of services delivered.

**New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:**

Funding availability, identification of a qualified contractor, development of needed service types.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:****How first year target was achieved (optional):**

The Division of Behavioral Health completed the development of a Request for Proposal (RFP) for the provision of family engagement supports and services. The RFP includes the Scope of Work requirements for a Family and Youth Involvement and Support contract. The review of the RFP by the Department of Purchasing has been completed and the RFP has been posted to the E-Procurement system for bid solicitation.

**Priority #:** 11

**Priority Area:** Barriers to Maintaining Recovery

**Priority Type:** MHS

**Population(s):** SMI, SED

**Goal of the priority area:**

Increase access to Peer Support and Family Support services.

**Strategies to attain the goal:**

The Division will develop and publish a RFP for certification process, select a contractor and enter into a contract.

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Contract for peer support specialist and family support partner certification implemented.

**Baseline Measurement:** No contract

**First-year target/outcome measurement:** Contract for certification initiated.

**Second-year target/outcome measurement:** Reporting in place for tracking numbers of Peer Support Specialists and Family Support Partners certified.

**New Second-year target/outcome measurement(if needed):****Data Source:**

Contraxx, contract monitor

**New Data Source(if needed):****Description of Data:**

Contract monitoring reports

**New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:**

Contracting will be dependent on the receipt of a qualified bidder and the ongoing availability of funds to maintain the contract.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

As a result of responding to a Request for Proposal, Business Psychology Associates Health, Inc. (BPAH) was awarded a contract to administer the Peer Support Specialist and Family Support Partner Certification effective 04/01/2018. April and May of 2018 consisted of contract implementation activities and June 1st marked the start of BPAH managing all aspects of the certification process. The contract is effective through 05/31/2020. As of 8/31/2018 there were 472 Certified Peer Support Specialists and 127 Certified Family Support Partners. This is a fluid number because there are ongoing applications submitted for certification and there are those that do not renew their certification for a variety of reasons.

Priority #: 12

Priority Area: Increased Access to Services

Priority Type: MHS

Population(s): SED

Goal of the priority area:

Increase access to Wraparound services for children and youth with SED.

Strategies to attain the goal:

Enter into an agreement with Portland State University to provide training and coaching to children's mental health staff. Develop phase-in plan for implementing the service across the state. Track progress of service implementation.

### Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Wraparound services are available and provided in each of the seven regional CMH programs.

Baseline Measurement: Service is not provided on a statewide basis.

First-year target/outcome measurement: CMH staff trained on the Wraparound model.

Second-year target/outcome measurement: Wraparound services implemented in each of the seven CMH programs.

New Second-year target/outcome measurement(if needed):

Data Source:

WITS, Youth Empowerment Services (YES), Division Administration

New Data Source(if needed):

Description of Data:

Number of staff trained, number of clients receiving services

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Funding availability, continued approval of the YES Implementation Plan.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

Currently there are twenty-eight Wraparound Coordinators trained in the state of Idaho, with Wraparound Services occurring in the seven regions. The first Foundational Wraparound Training was held from January 29-February 2, 2018, with a second training held for Supervisor's and Coaches on September 12, 2018. There is a tentative plan for a third Foundational training to occur at the beginning of 2019, while Regions continue to build capacity and transition coordinators into coaches, then begin training more coordinators in Children's Mental Health. There is also a weekly clinical coaching call for the Regional Coordinators, with monthly hub-based coaching calls in a group supervision type setting, with the possibility of in-person coaching to occur once a quarter as capacity increases.

**Priority #:** 13

**Priority Area:** Increased Access to Services

**Priority Type:** MHS

**Population(s):** SED

**Goal of the priority area:**

Implement Child and Adolescent Needs and Strengths (CANS) statewide.

**Strategies to attain the goal:**

Develop plan for deployment of CANS, including a training plan for creating and maintaining statewide capacity for use of the tool, automation of the tool and descriptions of agencies' and providers' roles and responsibilities.

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Statewide implementation of the CANS assessment tool.

**Baseline Measurement:** The current assessment tool for children's mental health is the CAFAS.

**First-year target/outcome measurement:** Development of automated Child and Adolescent Needs and Strengths (CANS) system.

**Second-year target/outcome measurement:** Implement statewide CANS deployment plan.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

DBH, Interagency Governance Team (IGT), WITS

**New Data Source(if needed):**

**Description of Data:**

Trainings conducted, status of automation of the tool, locations implementing the CANS, number of assessment completed.

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

Funding availability, approval of the Idaho customized tool, approval of the Implementation Plan. Constraints around the identification and development of electronic requirements for implementation of the CANS (timeframes, funding, system requirements).

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)



**Reason why target was not achieved, and changes proposed to meet target:****How first year target was achieved (optional):**

The Division of Behavioral Health completed the initial development of the ICANS system, which is the statewide web-based platform for the administration, scoring, and collection of the CANS Assessment tool in Idaho. Beginning January 1, 2018, the CANS was implemented as a state-approved measure of functional impairment for the Division of Behavioral Health Children's Mental Health System.

**Priority #:** 14**Priority Area:** Barriers to Accessing Services, System Concerns**Priority Type:** MHS**Population(s):** SED**Goal of the priority area:**

Establish a due process procedural system and tracking for compliance and continuous quality improvement.

**Strategies to attain the goal:**

Establish requirements in IDAPA rule, develop procedures, develop materials, provide training

**Annual Performance Indicators to measure goal success****Indicator #:** 1**Indicator:** Implement standardized due process requirements.**Baseline Measurement:** Standardized system not in place.**First-year target/outcome measurement:** Develop a standardized complaint and administrative hearing system.**Second-year target/outcome measurement:** Create process for centralized complaint routing and tracking system.**New Second-year target/outcome measurement(if needed):****Data Source:**

IGT, DBH

**New Data Source(if needed):****Description of Data:**

Implementation report, YES updates

**New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:**

Continued approval of the Implementation plan. System capacity to meet planned timelines due to staffing or other limited resources.

**New Data issues/caveats that affect outcome measures:****Report of Progress Toward Goal Attainment****First Year Target:** ☒ Achieved ☐ Not Achieved (if not achieved, explain why)**Reason why target was not achieved, and changes proposed to meet target:****How first year target was achieved (optional):**

The Division of Behavioral Health is currently utilizing a standardized complaint response and administrative hearing system. The Division of Behavioral Health has developed and implemented notices and informational materials provided to Clients, that describe the complaint and administrative hearing processes. The Division of Behavioral Health continues to work with their stakeholders and system partners towards creating a centralized complaint routing and tracking system. The ongoing challenges include the differing

needs for privacy and compliance with individual agency state and/or federal laws.

**Priority #:** 15

**Priority Area:** Barriers to Maintaining Recovery

**Priority Type:** MHS

**Population(s):** SMI

**Goal of the priority area:**

Provide consumer and family advocacy, empowerment and education.

**Strategies to attain the goal:**

DBH will contract with a consumer advocacy organization to provide information and education to adults with SMI and their families. The contractor will provide and maintain an updated website. The contractor will participate in stakeholder groups and meetings and provide educational activities to individuals and providers.

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Provide training and educational activities for adult consumers and providers of mental health services.

**Baseline Measurement:** Training activities have not been regularly reported or tracked.

**First-year target/outcome measurement:** Provide three Parity Awareness training events.

**Second-year target/outcome measurement:** Provide four educational or awareness events to consumers and providers.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Contraxx, DBH contract monitor

**New Data Source(if needed):**

**Description of Data:**

Contract monitoring reports are utilized to ensure compliance with contract scope of work requirements. Updates will be provided to DBH leadership.

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

Successful completion of signed contract and compliance with contract terms.

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The Division of Behavioral Health has a contract with Empower Idaho that stipulates they are to provide three trainings on parity, one in each hub per year. Empower Idaho has actively pursued seeking information relevant to Parity issues in Idaho via consultation with the health insurance field, the Department of Insurance, as well as other states. They provided one in-person training last year as a pilot and have created an informative infographic that can be found on their website <https://www.empoweridaho.org/parity-law/>. They will be presenting three parity awareness trainings, one in each hub, scheduled to be completed by the end of this quarter per their contract requirements.

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**Footnotes:**

In response to the revision request dated 12/3/2018, Idaho has attached a more detailed description of why the state failed to meet the priority area number 4 goal, as well as the efforts we plan to take achieve the goal in the future. The response is attached as "Table1RevisionRequestResponse12.3.2018".

## Revision Request – 12.3.2018 – Table 1, Priority Area Nov. 4

Form:

Table 1 Priority Area and Annual Performance Indicators - Progress Report

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### REVISION REQUEST DETAIL:

For priority area no.4- Please provide a more detailed description as to why the state failed to meet the goal and how the efforts the state plans to take to achieve the goal in the future by 12/17/18.

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### Revision Request State Response:

Idaho is a non-Medicaid expansion state and thus the Block Grant is the primary resource for Substance Use Disorder (SUD) treatment for low-income, uninsured Idahoans. Because Medicaid has not/had not yet been expanded in Idaho, the need for treatment funding exceeded the resources available. Additionally, as the Access To Recovery 4 (ATR 4) grant was drawing to a close at the end of FFY 17, Idaho began planning for its closure using historical spending data to forecast the impact of absorbing those individuals accessing treatment through the grant into our general SUD budget. Unfortunately, those estimations fell short and the impact of absorbing ATR 4 clients was much more significant than we had imagined. The cost of allowing those ATR 4 clients to remain in treatment had a dramatic impact on our SUD budget.

Requests for SUD treatment during SFY 18 exceeded available funding in all categories (IVDU, PWWDC, etc). As a result of this budget shortfall, Idaho was forced to implement a waitlist for the IVDU population and close funding to almost all other non-priority populations. Our Managed Services Contractor (MSC) uses an internal capacity management tracking system to track eligible individuals in order to admit this priority population within the prescribed time frames, maintains contact with, and reports on this priority population while they were awaiting admission to treatment. Additionally, interim services are offered to all qualifying individuals placed on the waitlist. Interim services are offered within 48 hours of being added to our waitlist. Any pregnant women injecting drugs are not waitlisted and are given priority access to treatment aligning with Block Grant requirements. Idaho follows SABG requirements in ensuring that all individuals on the IVDU treatment waitlist are assigned a unique client identifier. Clients are only removed from the waitlist if they cannot be located or they refuse treatment when contacted. Idaho follows SABG timelines for working to ensure individuals on the waitlist are offered treatment at 120 days or greater on the waitlist. Idaho is presently working on outreach to any individuals remaining on our waitlist who have been on longer than 45 days to offer treatment services with a goal of eliminating our present waitlist for IVDUs by the end of SFY 19 while still maintaining a balanced budget.

In June 2018, IDHW instructed BPA Health (Idaho's MSC) to begin outreach to individuals who had been on the waitlist 120 days to offer treatment. In approximately 5 week intervals thereafter the initial outreach began, we expanded outreach to those who had been on the waitlist 90 days, 75 days, 45 days, 30 days and finally on November 13, 2018, we instructed BPA Health to make outreach to all clients on the waitlist, close it and open up the IVDU funding stream for new referrals, effectively eliminating our waitlist. We are presently contacting the last 24 individuals from the waitlist while simultaneously accepting new IVDU referrals. We will continue to closely monitor our SUD budget and make adjustments as needed throughout the fiscal year in order to avoid the need for a waitlist. Additionally, Idaho will be expanding Medicaid effective January 2020. This expansion will provide treatment to many individuals who previously relied on Block Grant funding for that assistance.

### III: Expenditure Reports

**Table 2 - State Agency Expenditure Report**

This table provides a report of SABG and State expenditures by the State Substance Abuse Authority during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds for authorized activities to prevent and treat substance abuse. For detailed instructions, refer to those in the Block Grant Application System (BGAS). **Include ONLY funds expended by the executive branch agency administering the SABG.**

Expenditure Period Start Date: 7/1/2017      Expenditure Period End Date: 6/30/2018

Activity (See instructions for using Row 1.)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention* and Treatment	\$6,690,287		\$0	\$2,858,355	\$19,559,973	\$0	\$0
a. Pregnant Women and Women with Dependent Children*	\$708,968				\$139,459		
b. All Other	\$5,981,319			\$2,858,355	\$19,420,514		
2. Substance Abuse Primary Prevention	\$1,813,000			\$2,240,709	\$106,859		
3. Tuberculosis Services	\$4,505						
4. HIV Early Intervention Services**							
5. State Hospital							
6. Other 24 Hour Care							
7. Ambulatory/Community Non-24 Hour Care							
8. Mental Health Primary Prevention							
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)							
10. Administration (Excluding Program and Provider Level)	\$117,750			\$666	\$17,175		
<b>11. Total</b>	<b>\$8,625,542</b>	<b>\$0</b>	<b>\$0</b>	<b>\$5,099,730</b>	<b>\$19,684,007</b>	<b>\$0</b>	<b>\$0</b>

\*Prevention other than primary prevention

\*\*Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered "designated states" during any of the three prior federal fiscal years for which a state was applying for a grant. See EIs/HIV policy change in SABG Annual Report instructions.

Please indicate the expenditures are actual or estimated.

☒ Actual      ☐ Estimated

**Footnotes:**

### III: Expenditure Reports

**Table 4 - State Agency SABG Expenditure Compliance Report**

This table provides a description of SABG expenditures for authorized activities to prevent and treat SUDs. For detailed instructions, refer to those in BGAS. Only one column is to be filled in each year.

Expenditure Period Start Date: 10/1/2015      Expenditure Period End Date: 9/30/2017

Category	FY 2016 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$6,657,045
2. Primary Prevention	\$1,813,000
3. Tuberculosis Services	\$3,751
4. HIV Early Intervention Services**	\$0
5. Administration (excluding program/provider level)	\$62,042
<b>Total</b>	<b>\$8,535,838</b>

\*Prevention other than Primary Prevention

\*\*Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered “designated states” during any of the three prior federal fiscal years for which a state was applying for a grant. See EIs/HIV policy change in SABG Annual Report instructions

**Footnotes:**

### III: Expenditure Reports

**Table 5a - Primary Prevention Expenditures Checklist**

Expenditure Period Start Date:  Expenditure Period End Date:

Strategy	IOM Target	SAPT Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Information Dissemination	Indicated	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Information Dissemination	Universal	<input type="text" value="\$429,511"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Information Dissemination	Unspecified	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
<b>Information Dissemination</b>	<b>Total</b>	<b>\$429,511</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Education	Selective	<input type="text" value="\$184,232"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Education	Indicated	<input type="text" value="\$42,343"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Education	Universal	<input type="text" value="\$610,318"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Education	Unspecified	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
<b>Education</b>	<b>Total</b>	<b>\$836,893</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Alternatives	Selective	<input type="text" value="\$57,838"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Alternatives	Indicated	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Alternatives	Universal	<input type="text" value="\$50,077"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Alternatives	Unspecified	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
<b>Alternatives</b>	<b>Total</b>	<b>\$107,915</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Problem Identification and Referral	Selective	<input type="text" value="\$41,500"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Problem Identification and Referral	Indicated	<input type="text" value="\$99,630"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Problem Identification and Referral	Universal	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Problem Identification and Referral	Unspecified	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
<b>Problem Identification and Referral</b>	<b>Total</b>	<b>\$141,130</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Community-Based Process	Selective	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>



Community-Based Process	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Universal	\$ <input type="text" value="47,053"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Community-Based Process</b>	<b>Total</b>	<b>\$47,053</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Environmental	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Universal	\$ <input type="text" value="25,457"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Environmental</b>	<b>Total</b>	<b>\$25,457</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Section 1926 Tobacco	Selective	\$ <input type="text" value="0"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Indicated	\$ <input type="text" value="0"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Universal	\$ <input type="text" value="0"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Unspecified	\$ <input type="text" value="0"/>	\$ <input type="text"/>	\$ <input type="text" value="357,550"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Section 1926 Tobacco</b>	<b>Total</b>	<b>\$0</b>	<b>\$</b>	<b>\$357,550</b>	<b>\$</b>	<b>\$</b>
Other	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Other</b>	<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Grand Total</b>		<b>\$1,587,960</b>	<b>\$</b>	<b>\$357,550</b>	<b>\$</b>	<b>\$</b>

**Footnotes:**

### III: Expenditure Reports

**Table 5b - Primary Prevention Expenditures by IOM Category**

Expenditure Period Start Date: 10/1/2015      Expenditure Period End Date: 9/30/2017

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct					
Universal Indirect					
Selective					
Indicated					
Column Total	\$0	\$0	\$0	\$0	\$0

**Footnotes:**

Idaho has completed Table 5a for the 2019 SABG Behavioral Health Report.

### III: Expenditure Reports

**Table 5c - SABG Primary Prevention Priorities and Special Population Categories**

Expenditure Period Start Date: 10/1/2015      Expenditure Period End Date: 9/30/2017

Targeted Substances	
Alcohol	<input checked="" type="checkbox"/>
Tobacco	<input type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>
Prescription Drugs	<input checked="" type="checkbox"/>
Cocaine	<input type="checkbox"/>
Heroin	<input type="checkbox"/>
Inhalants	<input type="checkbox"/>
Methamphetamine	<input type="checkbox"/>
Synthetic Drugs (i.e. Bath salts, Spice, K2)	<input type="checkbox"/>
Targeted Populations	
Students in College	<input type="checkbox"/>
Military Families	<input type="checkbox"/>
LGBTQ	<input type="checkbox"/>
American Indians/Alaska Natives	<input checked="" type="checkbox"/>
African American	<input type="checkbox"/>
Hispanic	<input checked="" type="checkbox"/>
Homeless	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Rural	<input checked="" type="checkbox"/>
Underserved Racial and Ethnic Minorities	<input checked="" type="checkbox"/>

**Footnotes:**

### III: Expenditure Reports

**Table 6 - Resource Development Expenditure Checklist**

Expenditure Period Start Date: 10/1/2015      Expenditure Period End Date: 9/30/2017

Resource Development Expenditures Checklist						
Activity	A. Prevention-MH	B. Prevention-SA	C. Treatment-MH	D. Treatment-SA	E. Combined	F. Total
1. Planning, Coordination and Needs Assessment		\$55,026.76		\$20,658.40		\$75,685.16
2. Quality Assurance		\$59,569.52		\$20,658.40		\$80,227.92
3. Training (Post-Employment)		\$20,635.04				\$20,635.04
4. Program Development		\$20,635.04		\$61,975.19		\$82,610.23
5. Research and Evaluation		\$30,177.80				\$30,177.80
6. Information Systems		\$32,117.80		\$228,168.00		\$260,285.80
7. Education (Pre-Employment)		\$6,878.34				\$6,878.34
<b>8. Total</b>	<b>\$0.00</b>	<b>\$225,040.30</b>	<b>\$0.00</b>	<b>\$331,459.99</b>	<b>\$0.00</b>	<b>\$556,500.29</b>

**Footnotes:**

Amount of SABG Primary Prevention funds (from Table 4, Row 2) used for SABG Prevention Resource Development Activities for SABG Prevention, Column C, and/or SABG Combined, Column D = \$225,040.30.


Amount of SABG Administration funds (from Table 4, Row 5) used for SABG Prevention Resource Development Activities Activities for SABG Prevention, Column C, and/or SABG Combined, Column D = \$ 0.

### III: Expenditure Reports

**Table 7 - Statewide Entity Inventory**

This table provides a report of the sub-recipients of SABG funds including community- and faith-based organizations which provided SUD prevention activities and treatment services, as well as intermediaries/administrative service organizations. Table 7 excludes resource development expenditures.

Expenditure Period Start Date: 10/1/2015      Expenditure Period End Date: 9/30/2017

										Source of Funds SAPT Block Grant					
	Entity Number	I-BHS ID		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	A. All SA Block Grant Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program
	9034	ID100322	✓	Region 3	A Fresh Start Recovery Services	1123 Blaine Street	Caldwell	ID	83605	\$18,770	\$18,770	\$4,482	\$0	\$0	
	7807	ID101417	✗	Region 6	A New Way Counselling	809 North Arthur Avenue	Pocatello	ID	83204	\$14,940	\$14,940	\$1,727	\$0	\$0	
	7030	ID100304	✓	Region 5	A to B Services	103 South Oneida Street	Rupert	ID	83350	\$86	\$86	\$86	\$0	\$0	
	5495	ID100806	✗	Region 6	A to Z Family Services	150 South Broadway Street	Blackfoot	ID	83221	\$15,560	\$15,560	\$4,368	\$0	\$0	
	8154	ID100999	✗	Region 6	A to Z Family Services Inc	127 Idaho Street	American Falls	ID	83211	\$4,227	\$4,227	\$2,245	\$0	\$0	
	9320	ID100012	✗	Region 6	A to Z Family Services Inc	151 North 3rd Avenue, # 404	Pocatello	ID	83201	\$10,969	\$10,969	\$3,927	\$0	\$0	
	9319	ID100340	✗	Region 6	A to Z Family Services Inc	822 Washington	Montpelier	ID	83254	\$895	\$895	\$239	\$0	\$0	
	9200	ID100338	✗	Region 6	A to Z Family Services Inc	184 S Main Street	Soda Springs	ID	83276	\$2,899	\$2,899	\$802	\$0	\$0	
	7363	ID101151	✗	Region 7	A to Z Family Services, Inc	380 N Capital	Idaho Falls	ID	83402	\$6,615	\$6,615	\$273	\$0	\$0	
	7496	ID100040	✗	Region 1	Absolute Drug Testing	5433 Government Way Suite B	Coeur d Alene	ID	83815	\$13,374	\$13,374	\$1,771	\$0	\$0	
	7754	ID100270	✓	Region 1	Absolute Drug Testing	208 Oregon Street Suite N	Kellogg	ID	83837	\$2,406	\$2,406	\$760	\$0	\$0	
	10056	ID100435	✓	Region 1	Absolute Drug Testing	806 Lake Street Suite B	Sandpoint	ID	83864	\$664	\$664	\$83	\$0	\$0	
	9000	ID100311	✓	Region 1	Absolute Drug Testing	306 North Spokane Street Suite J	Post Falls	ID	83854	\$4,772	\$4,772	\$158	\$0	\$0	
	6633	ID101006	✓	Region 1	Abundant Wellness Center	1125 East Polston Avenue Suite A	Post Falls	ID	83854	\$38,475	\$38,475	\$5,050	\$0	\$0	
	10265	ID100470	✓	Region 3	Access Behavioral Health Services	3307 Caldwell Boulevard Suite 104	Nampa	ID	83651	\$974	\$974	\$341	\$0	\$0	
	10145	ID100445	✓	Region 4	Access Behavioral Health Services	1276 River Street Suite 100	Boise	ID	83702	\$40,637	\$40,637	\$6,513	\$0	\$0	
	9365	ID101409	✓	Region 1	ACES Community Services	1700 East Scheidmiller	Post Falls	ID	83854	\$8,385	\$8,385	\$113	\$0	\$0	
	9558	ID100362	✗	Region 1	ACES Community Services/Pioneer Health Resources	622 College Street Suite 2	Saint Maries	ID	83861	\$4,807	\$4,807	\$732	\$0	\$0	
					ACES										

	9363	ID101003	✖	Region 1	Community Services/Pioneer Health Resources	1417 North 4th Street	Coeur d Alene	ID	83814	\$54,618	\$54,618	\$4,866	\$0	\$0	
	9955	ID101002	✖	Region 1	ACES Community Services/Pioneer Health Resources	403 7th Street	Wallace	ID	83873	\$1,710	\$1,710	\$623	\$0	\$0	
	9368	ID101001	✖	Region 3	ACES Community Services/Pioneer Health Resources	204 10th Avenue South	Nampa	ID	83651	\$30,389	\$30,389	\$5,903	\$0	\$0	
	9369	ID100272	✖	Region 3	ACES Community Services/Pioneer Health Resources	1305 South Kimball Avenue	Caldwell	ID	83605	\$8,769	\$8,769	\$990	\$0	\$0	
	9745	ID100274	✖	Region 3	ACES Community Services/Pioneer Health Resources	540 South 16th Street Suite 118	Payette	ID	83661	\$3,726	\$3,726	\$801	\$0	\$0	
	9367	ID101410	✖	Region 4	ACES Community Services/Pioneer Health Resources	5583 N Glenwood St	Garden City	ID	83714	\$44,872	\$44,872	\$10,308	\$0	\$0	
	10368	ID101000	✖	Region 4	ACES Community Services/Pioneer Health Resources	545 N Benjamin, Ste # 185	Boise	ID	83704	\$5,549	\$5,549	\$520	\$0	\$0	
	11097	ID100557	✔	Region 7	Addiction and Trauma Recovery Services	1970 East 17th Street Suite 208	Idaho Falls	ID	83404	\$6,238	\$6,238	\$0	\$0	\$0	
	8105	ID100275	✔	Region 5	Advanced Drug Detection	202 2nd Avenue North	Twin Falls	ID	83301	\$3,401	\$3,401	\$899	\$0	\$0	
	2608	ID100036	✖	Region 3	Advocates Against Family Violence Hope's Door	720 N 16th Ave	Caldwell	ID	83607	\$4,748	\$4,748	\$1,501	\$0	\$0	
	Prev2011-1	X	✖	Region 1	AJI Counseling LLC	2115 Sherman Avenue, Suite 109	Coeur d'Alene	ID	83814	\$41,002	\$0	\$0	\$41,002	\$0	
	10824	ID100523	✔	Region 3	All Seasons Mental Health	1007 West Orchard	Nampa	ID	83651	\$630	\$630	\$433	\$0	\$0	
	10604	ID100507	✔	Region 4	All Seasons Mental Health	6933 West Emerald Street	Boise	ID	83704	\$16,064	\$16,064	\$3,695	\$0	\$0	
	8999	ID100006	✖	Region 4	All-City Transport, LLC	2399 S Orchard St, Ste # 213	Boise	ID	83705	\$24,531	\$24,531	\$3,141	\$0	\$0	
	7778	ID101416	✖	Region 5	Alliance Family Services - Hailey	141 Citation Way Suite 5	Hailey	ID	83333	\$1,631	\$1,631	\$552	\$0	\$0	
	10524	ID100365	✖	Region 1	Alternative Counseling & Rehabilitation	13 10th Street	Priest River	ID	83856	\$4,729	\$4,729	\$0	\$0	\$0	
	10647	ID100514	✖	Region 1	Alternative Counseling and Rehabilitation	11 Emerald Industrial Parkway Unit B	Ponderay	ID	83852	\$25	\$25	\$0	\$0	\$0	
	10259	ID101179	✔	Region 4	Ascent Behavioral Health Services	411 North Allumbaugh Street	Boise	ID	83704	\$224,746	\$224,746	\$46,259	\$0	\$0	
	1911	ID100370	✔	Region 4	Ascent Behavioral Health Services	366 SW 5th Avenue Suite 100	Meridian	ID	83642	\$128,783	\$128,783	\$10,532	\$0	\$0	
	8157	ID100990	✖	Region 4	Ascent Behavioral Health Services	1140 American Legion Blvd	Mountain Home	ID	83647	\$12,511	\$12,511	\$2,379	\$0	\$0	
	11473	ID100394	✔	Region 1	Ascent Evaluations Assessment and Csl	1044 Northwest Boulevard Suite C	Coeur d Alene	ID	83814	\$3,990	\$3,990	\$409	\$0	\$0	
						500									

	9385	ID100344	✗	Region 1	Avertest, LLC dba Averhealth	Government Way Suite 100	Coeur d Alene	ID	83814	\$5,712	\$5,712	\$1,901	\$0	\$0	
	9554	ID100357	✗	Region 4	Avertest, LLC dba Averhealth	8620 West Emerald Street Suite 162	Boise	ID	83704	\$19,345	\$19,345	\$5,924	\$0	\$0	
	9880	ID100403	✗	Region 3	Avertest, LLC dba Averhealth	1609 South Kimball Avenue Suite 101	Caldwell	ID	83605	\$1,986	\$1,986	\$436	\$0	\$0	
	Prev2011- 4	X	✗	Region 6	Bannock County Juvenile Justice	137 S. 5th	Pocatello	ID	83201	\$11,538	\$0	\$0	\$11,538	\$0	
	10021	ID100269	✗	Region 6	Bannock Transportation & Shuttle	1134 N Main St	Pocatello	ID	83204	\$16,777	\$16,777	\$1,582	\$0	\$0	
	Prev2011- 5	X	✗	Region 6	Bannock Youth Foundation	403 North Hays	Pocatello	ID	83204	\$57,387	\$0	\$0	\$57,387	\$0	
	5060	ID01560	✗	Region 6	Bannock Youth Foundation dba MK Place	110 S 19th	Pocatello	ID	83201	\$13,259	\$13,259	\$0	\$0	\$0	
	Prev2017- 22	X	✗	Region 4	Basin School District #72	100 Centerville Rd	Idaho City	ID	83631	\$25,372	\$0	\$0	\$25,372	\$0	
	9506	ID100346	✗	Region 4	Be Well Housing	2556 E Copper Point Street	Meridian	ID	83642	\$9,874	\$9,874	\$0	\$0	\$0	
	10414	ID100493	✓	Region 4	Be Well Housing	5183 Dove Ridge Place	Meridian	ID	83646	\$9,793	\$9,793	\$0	\$0	\$0	
	Prev2011- 7	X	✗	Region 6	Bear Lake School Dist #33	330 Boise St.	Montpelier	ID	83254	\$781	\$0	\$0	\$781	\$0	
	476	ID000067	✓	Region 4	Bell Chem Dependency Counseling Inc	4615 South Locust Grove	Meridian	ID	83642	\$21,454	\$21,454	\$0	\$0	\$0	
	7943	ID100972	✓	Region 3	Bell Chem Dependency Counseling Inc	235 South Main Street	Payette	ID	83661	\$5,094	\$5,094	\$0	\$0	\$0	
	10025	ID101271	✓	Region 3	Bell Chem Dependency Counseling Inc	621 South Washington Avenue	Emmett	ID	83617	\$1,926	\$1,926	\$136	\$0	\$0	
	7712	ID101164	✗	Region 3	Bell Chemical Dependency Counseling	2719 South Kimball Avenue	Caldwell	ID	83605	\$21,399	\$21,399	\$8,546	\$0	\$0	
	ID100473	ID100473	✓	Statewide	Benchmark Research and Safety	1150 Alturas Drive Suite 208	Moscow	ID	83843	\$33,198	\$33,198	\$0	\$0	\$0	
	9153	ID100375	✗	Region 1	Benewah Medical Center dba Marimn Health	427 12th Street	Plummer	ID	83851	\$187	\$187	\$0	\$0	\$0	
	Prev2011- 10	X	✗	Region 4	Boise County Community Justice	204 W Commercial St	Idaho City	ID	83631	\$13,254	\$0	\$0	\$13,254	\$0	
	Prev2011- 11	X	✗	Region 4	Boise School District #1	8169 W. Victory Road	Boise	ID	83709	\$12,360	\$0	\$0	\$12,360	\$0	
	Prev2018- 8	X	✗	Region 4	Boise State University	1910 University Drive	Boise	ID	83725 -1135	\$29,615	\$0	\$0	\$29,615	\$0	
	Prev2017- 39	X	✗	Region 7	Bonneville Youth Development Council Coalition	245 North Placer Ave	Idaho Falls	ID	83402	\$40,378	\$0	\$0	\$40,378	\$0	
	4117	ID100043	✓	Region 1	Boyd Group	1001 East Walnut Avenue	Coeur d Alene	ID	83814	\$6,853	\$6,853	\$0	\$0	\$0	
	Prev2011- 13	X	✗	Region 5	Boys and Girls Club of Magic Valley	999 Frontier Road	Twin Falls	ID	83301	\$26,603	\$0	\$0	\$26,603	\$0	
	ID100476	ID100476	✓	Statewide	BPA Health	380 Park Center Boulevard Suite 300	Boise	ID	83706	\$2,125,391	\$2,125,391	\$0	\$0	\$0	
	10625	ID100512	✓	Region 2	Camas Professional Counseling	306 Main Street Suites 3 and 5	Kamiah	ID	83536	\$2,808	\$2,808	\$0	\$0	\$0	



	9863	ID100022	✖	Region 2	Camas Professional Counseling	304 N State St	Grangeville	ID	83530	\$12,501	\$12,501	\$1,073	\$0	\$0	
	10231	ID100465	✔	Region 3	Canyon Express Drug Tests	1015 Caldwell Boulevard	Nampa	ID	83651	\$95	\$95	\$0	\$0	\$0	
	Prev2017-14	X	✖	Region 3	Catholic Charities of Idaho	1501 South Federal Way Suite 103	Boise	ID	83705	\$12,794	\$0	\$0	\$12,794	\$0	
	Prev2017-25	X	✖	Region 4	Catholic Charities of Idaho - Boise	1501 Federal Way, Suite 450	Boise	ID	83705	\$10,957	\$0	\$0	\$10,957	\$0	
	9663	ID100382	✖	Region 2	ChangePoint LLC	314 South Washington Street	Moscow	ID	83843	\$2,435	\$2,435	\$0	\$0	\$0	
	12220	ID100996	✖	Region 2	ChangePoint LLC	155 Main St. Ste 1	Orofino	ID	83544	\$23,900	\$23,900	\$7,981	\$0	\$0	
	10304	ID100911	✖	Region 2	ChangePoint, LLC	1020 Main Street	Lewiston	ID	83501-1842	\$95,650	\$95,650	\$25,435	\$0	\$0	
	3662	ID100259	✖	Region 4	Chrysalis Women's Transitional Living	2501 West State Street	Boise	ID	83702	\$3,592	\$3,592	\$695	\$0	\$0	
	11016	ID100560	✔	Region 4	Chrysalis Womens Transitional Living	11248 Red Maple Drive	Boise	ID	83709	\$750	\$750	\$750	\$0	\$0	
	Prev2011-20	X	✖	Region 2	Clearwater Youth Alliance	245 114th St	Orofino	ID	83544	\$32,732	\$0	\$0	\$32,732	\$0	
	10253	ID101453	✖	Region 7	Club, Inc	620 S Woodruff Ave	Idaho Falls	ID	83401	\$24,172	\$24,172	\$1,176	\$0	\$0	
	Prev2018-14	x	✖	Region 1	Community Coalition for Substance Abuse Prevention	901 Triangle Drive	Ponderay	ID	83852	\$8,819	\$0	\$0	\$8,819	\$0	
	9782	ID100319	✖	Region 4	Community Outreach Counseling	3017 S Meridian Rd	Meridian	ID	83642	\$748	\$748	\$0	\$0	\$0	
	9056	ID100318	✖	Region 4	Community Outreach Counseling	2399 S Orchard, Ste # 101	Boise	ID	83705	\$1,510	\$1,510	\$273	\$0	\$0	
	8949	ID100317	✔	Region 3	Community Outreach Counseling	1031 West Sanetta Street	Nampa	ID	83651	\$1,657	\$1,657	\$136	\$0	\$0	
	10555	ID100506	✔	Region 5	Community Outreach Counseling	378 Falls Avenue	Twin Falls	ID	83301	\$229	\$229	\$170	\$0	\$0	
	2559	ID100551	✖	Region 3	Community Services Counseling	974 Corporate Ln., #102	Nampa	ID	83651	\$3,672	\$3,672	\$1,839	\$0	\$0	
	11492	ID100772	✔	Region 4	Community Services Counseling	1010 North Orchard Street Suite 7	Boise	ID	83706	\$28,955	\$28,955	\$14,631	\$0	\$0	
	13560	ID100333	✖	Region 6	Consumer Care, LLC	645 W Clark St	Pocatello	ID	83204	\$3,581	\$3,581	\$0	\$0	\$0	
	Prev2011-22	X	✖	Region 3	Council School District - Midvale	101 E. Beeker St	Council	ID	83612	\$8,891	\$0	\$0	\$8,891	\$0	
	8268	ID100280	✖	Region 5	Crosspointe Mental Health, LLC	1363 Fillmore Street	Twin Falls	ID	83301	\$11,023	\$11,023	\$2,042	\$0	\$0	
	11111	ID100978	✖	Region 7	D7 Treatment Program	50 Lavon Street	Blackfoot	ID	83221	\$860	\$860	\$0	\$0	\$0	
	4064	ID100631	✖	Region 7	D7 Treatment Program	127 East Main St	Rexburg	ID	83440	\$725	\$725	\$0	\$0	\$0	
	5925	ID100776	✔	Region 7	D7 Treatment Program	254 E Street Suite B	Idaho Falls	ID	83402	\$34,785	\$34,785	\$341	\$0	\$0	
	DBH	NA	✖	Statewide	DBH	450 W. State St.	Boise	ID	83720	\$572,168	\$572,168	\$0	\$0	\$0	
	9483	ID101435	✖	Region 4	Drug Test of Idaho, LLC dba Global Drug Testing	921 South Orchard Street Suite A	Boise	ID	83705	\$2,566	\$2,566	\$640	\$0	\$0	

	9868	ID101436	✗	Region 3	Drug Test of Idaho, LLC dba Global Drug Testing	3307 Caldwell Blvd, Ste # 100	Nampa	ID	83651	\$7,337	\$7,337	\$1,984	\$0	\$0	
	8260	ID100287	✓	Region 4	DrugShield Inc	3085 North Cole Rdoad Suite 108	Boise	ID	83704	\$4,390	\$4,390	\$856	\$0	\$0	
	Prev2018-29	x	✗	Region 3	Duck Valley Project Venture Program	11970 W Honeysuckle Ave	Nampa	ID	83651	\$38,000	\$0	\$0	\$38,000	\$0	
	10148	ID101433	✗	Region 1	Eagle Drug & Alcohol Testing	1009 Highway 2 West Suite A	Sandpoint	ID	83864	\$734	\$734	\$0	\$0	\$0	
	6230	ID101167	✗	Region 4	Easter Seals-Goodwill Adult Behavioral Health	8620 West Emerald Street Suite 150	Boise	ID	83704	\$45,060	\$45,060	\$7,133	\$0	\$0	
	10895	ID100339	✗	Region 3	Easter Seals-Goodwill Behavioral Health	510 Arthur Avenue Suite B	Caldwell	ID	83605	\$28,301	\$28,301	\$642	\$0	\$0	
	11446	ID100614	✓	Region 4	Easter Seals/Goodwill	1140 American Legion Boulevard	Mountain Home	ID	83647	\$1,150	\$1,150	\$102	\$0	\$0	
	4490	ID100705	✗	Region 7	Eastern Idaho Community Action Partnership	2480 South Yellowstone Street	Idaho Falls	ID	83402	\$261	\$261	\$261	\$0	\$0	
	Prev2018-16	x	✗	Region 6	Enough Is Enough Coalition	534 Washington St.	Montpelier	ID	83254	\$8,032	\$0	\$0	\$8,032	\$0	
	11089	ID100556	✓	Region 4	Extra Mile Transportation	6003 West Overland Road Suite L -102	Boise	ID	83709	\$2,782	\$2,782	\$843	\$0	\$0	
	7756	ID100552	✗	Region 3	Family Services Counseling Center	704 Albany Street	Caldwell	ID	83605	\$30,360	\$30,360	\$6,749	\$0	\$0	
	6200	ID100951	✗	Region 3	Family Services Treatment	501 N 16th St, Ste #108	Payette	ID	83661	\$25,025	\$25,025	\$8,882	\$0	\$0	
	7503	ID100016	✗	Region 3	Family Services Treatment	524 Cleveland Blvd	Caldwell	ID	83605	\$594	\$594	\$0	\$0	\$0	
	12044	ID100814	✗	Region 3	Family Services Treatment	2031 E Quail Run Rd	Emmett	ID	83617	\$13,505	\$13,505	\$3,527	\$0	\$0	
	9623	ID100367	✓	Region 4	Family Services Treatment	106 East Park Street Suite 100	McCall	ID	83638	\$19,063	\$19,063	\$3,480	\$0	\$0	
	BC017100	NA	✗	Statewide	FEI	9755 Patuxent Woods Drive, Suite 300	Columbia	MD	21046	\$228,168	\$228,168	\$0	\$0	\$0	
	10279	ID100487	✓	Region 7	Free Spirit Counseling and Consulting	548 Lomax Street	Idaho Falls	ID	83401	\$1,729	\$1,729	\$0	\$0	\$0	
	OWITS	NA	✗	Statewide	GAIN Chestnut Health Systems	448 Wyle Drive	Normal	ID	61761	\$128,835	\$128,835	\$0	\$0	\$0	
	8182	ID100252	✗	Region 6	Gateway Counseling, Inc.	224 South Arthur Avenue Suite 2	Pocatello	ID	83204	\$3,539	\$3,539	\$1,874	\$0	\$0	
	Prev2011-27	x	✗	Region 3	Homedale School District #370	3437 Johnstone Road	Homedale	ID	83628	\$10,750	\$0	\$0	\$10,750	\$0	
	6738	ID100998	✓	Region 7	Human Dynamics and Diagnostics	2267 Teton Plaza	Idaho Falls	ID	83404	\$14,475	\$14,475	\$3,209	\$0	\$0	
	Prev2017-3	x	✗	Region 1	ICARE program of St. Vincent De Paul	201 E. Harrison Avenue	Coeur d'Alene	ID	83814	\$21,964	\$0	\$0	\$21,964	\$0	
	11402	ID100264	✗	Region 2	Idaho County Rideshare	1470 Elm Street	Clarkston	WA	99403	\$1,568	\$1,568	\$152	\$0	\$0	
	2706	ID100655	✗	Region 7	Idaho Falls Rescue Mission	255 E Street	Idaho Falls	ID	83402	\$1,676	\$1,676	\$0	\$0	\$0	

	11543	ID100258	✗	Region 7	Idaho Falls Rescue Mission	3130 South Yellowstone Highway	Idaho Falls	ID	83402	\$395	\$395	\$395	\$0	\$0	
	Prev2018-19	x	✗	Region 5	Idaho Prevention Project	304 N 8th St #446	Boise	ID	83720	\$16,080	\$0	\$0	\$16,080	\$0	
	Prev2017-47	x	✗	Statewide	Idaho RADAR Center/Boise State University	2103 West University Drive	Boise	ID	83706	\$151,000	\$0	\$0	\$151,000	\$0	
	9894	ID100408	✓	Region 6	Idaho Transportation Company	2055 Garrett Way Suite 7	Pocatello	ID	83201	\$382	\$382	\$0	\$0	\$0	
	9606	ID101411	✗	Region 7	Integrated Family & Community Services	3355 South Holmes Avenue	Idaho Falls	ID	83404	\$47,247	\$47,247	\$16,847	\$0	\$0	
	9957	ID100415	✗	Region 5	John T. Raukar Institute	650 Addison Avenue West Suite 400	Twin Falls	ID	83301	\$4,131	\$4,131	\$0	\$0	\$0	
	Prev2011-30	x	✗	Region 2	Kamiah Community Partners Coalition	613 4th Street	Kamiah	ID	83536	\$3,271	\$0	\$0	\$3,271	\$0	
	Prev2011-31	x	✗	Region 2	Kamiah School District #304	1102 Hill Street	Kamiah	ID	83536	\$13,550	\$0	\$0	\$13,550	\$0	
	10914	ID100525	✓	Region 1	Kaniksu Health Services	30410 Highway 200	Ponderay	ID	83852	\$642	\$642	\$170	\$0	\$0	
	Prev2011-32	x	✗	Region 1	Kellogg Joint School District #391	201 S. 3rd Street	Pinehurst	ID	83850	\$31,961	\$0	\$0	\$31,961	\$0	
	Prev2017-5	x	✗	Region 1	Kootenai Alliance for Children and Families	560 W Canfield Ave, Ste 100	Coeur d'Alene	ID	83815	\$33,042	\$0	\$0	\$33,042	\$0	
	Prev2017-6	x	✗	Region 1	Kootenai County Juvenile Diversion	205 North 4th Street	Coeur d'Alene	ID	83814	\$13,169	\$0	\$0	\$13,169	\$0	
	10336	ID100484	✓	Region 7	Lean On Me	1439 Cambridge Drive	Idaho Falls	ID	83401	\$45,767	\$45,767	\$9,009	\$0	\$0	
	10337	ID100485	✗	Region 7	Lean On Me	169 East 18th Street	Idaho Falls	ID	83404	\$3,035	\$3,035	\$317	\$0	\$0	
	10068	ID100395	✓	Region 7	Lemhi Valley Social Services	1301 Main Street Suite 3-B	Salmon	ID	83467	\$3,630	\$3,630	\$0	\$0	\$0	
	7856	ID101424	✗	Region 3	Life Counseling Center	123 N Yale St	Nampa	ID	83651	\$21,140	\$21,140	\$2,645	\$0	\$0	
	10964	ID100573	✗	Region 5	Lifestyle Changes Counseling	219 Gooding Street North Suite B	Twin Falls	ID	83301	\$56,517	\$56,517	\$6,918	\$0	\$0	
	10806	OR100111	✗	Region 3	Lifeways, Inc	686 NW 9th Street	Ontario	ID	97914	\$8,768	\$8,768	\$2,786	\$0	\$0	
	12160	ID100890	✗	Region 6	Lighthouse for Recovery	190 W Burnside Ave, Ste E	Chubbuck	ID	83202	\$32,760	\$32,760	\$1,352	\$0	\$0	
	9739	ID100392	✓	Region 4	Lions Group International	5024 North Mitchell Street	Boise	ID	83704	\$3,440	\$3,440	\$0	\$0	\$0	
	Prev2011-36	x	✗	Region 3	Lutheran Community Services Northwest R3	2920 Cassia Street	Boise	ID	83705	\$72,950	\$0	\$0	\$72,950	\$0	
	Prev2011-37	x	✗	Region 4	Lutheran Community Services Northwest R4	2920 Cassia Street	Boise	ID	83705	\$93,753	\$0	\$0	\$93,753	\$0	
	6195	ID100912	✗	Region 7	Mental Wellness Centers	159 N Idaho St, Ste# 105	Arco	ID	83213	\$113	\$113	\$0	\$0	\$0	
	3788	ID100608	✗	Region 7	Mental Wellness Centers	2420 E 25th St	Idaho Falls	ID	83404	\$6,712	\$6,712	\$1,727	\$0	\$0	
	7306	ID101129	✓	Region 6	Mental Wellness Centers	1070 Hilene Road Suite 210	Pocatello	ID	83201	\$6,165	\$6,165	\$1,691	\$0	\$0	

	10499	ID100509	✓	Region 7	Mental Wellness Centers	2101 Lexington Street	Idaho Falls	ID	83404	\$83	\$83	\$0	\$0	\$0	
	13044	ID100973	✗	Region 7	Mental Wellness Centers	1420 North Highway 33 #201	Driggs	ID	83422	\$1,200	\$1,200	\$384	\$0	\$0	
	9614	ID100366	✓	Region 1	Mental Wellness Clinic of CDA	1105 West Ironwood Drive	Coeur d Alene	ID	83814	\$3,969	\$3,969	\$2,003	\$0	\$0	
	9164	ID100336	✗	Region 1	Mental Wellness Clinic of CDA	1104 West Ironwood Drive	Coeur d Alene	ID	83814	\$25	\$25	\$0	\$0	\$0	
	Prev2018-27	x	✗	Region 5	Minidoka County	614 7th Street	Rupert	ID	83350	\$32,233	\$0	\$0	\$32,233	\$0	
	10028	ID100427	✓	Region 1	Monarch Mental Health	1713 East Sherman Avenue	Coeur d Alene	ID	83814	\$1,408	\$1,408	\$392	\$0	\$0	
	10034	ID100428	✗	Region 1	Monarch Mental Health	2115 East Sherman Avenue #104	Coeur d Alene	ID	83814	\$3,407	\$3,407	\$1,006	\$0	\$0	
	9050	ID100321	✗	Region 3	Montgomery Counseling Center	323 12th Ave Road	Nampa	ID	83686	\$1,142	\$1,142	\$0	\$0	\$0	
	69	ID100943	✗	Region 3	Mountain States Chemical Dependency & Counseling	1305 2nd Street South Suite 201	Nampa	ID	83651	\$7,748	\$7,748	\$1,463	\$0	\$0	
	Prev2011-41	x	✗	Region 2	Mountain View School District #244	174 Jefferson Ave	Grangeville	ID	83530	\$26,621	\$0	\$0	\$26,621	\$0	
	7535	ID100233	✗	Region 5	My House	212 Fourth Avenue East	Twin Falls	ID	83301	\$3,286	\$3,286	\$0	\$0	\$0	
	Prev2017-48	x	✗	Region 4	Neighborhood All Stars	106 North 6th Street	Boise	ID	83702	\$240,727	\$0	\$0	\$240,727	\$0	
	Prev2011-44	x	✗	Region 2	Nez Perce Tribe DBA Students for Success	116 Veterans Avenue	Lapwai	ID	83540	\$5,020	\$0	\$0	\$5,020	\$0	
	5844	ID100952	✓	Region 5	OATS Family Center	911 South Highway 30	Heyburn	ID	83336	\$18,036	\$18,036	\$7,473	\$0	\$0	
	2144	ID100373	✓	Region 6	Pacific Rim Consulting LLC	459 South Arthur Avenue	Pocatello	ID	83204	\$19,288	\$19,288	\$3,419	\$0	\$0	
	12029	ID100330	✗	Region 7	Padron Counseling Services LLC	522 Lomax St	Idaho Falls	ID	83402	\$5,804	\$5,804	\$912	\$0	\$0	
	11535	ID100616	✓	Region 7	Park Avenue Counseling Services	700 Park Avenue	Idaho Falls	ID	83402	\$58	\$58	\$0	\$0	\$0	
	Prev2011-46	x	✗	Region 3	Parma School District	805 E. McConnell Ave.	Parma	ID	83660	\$10,885	\$0	\$0	\$10,885	\$0	
	7758	ID101004	✗	Region 3	Peak Recovery	2423 South Georgia Ave	Caldwell	ID	83605	\$18,431	\$18,431	\$3,827	\$0	\$0	
	Prev - 6280	x	✗	Region 4	Penny's Prevention Services	28631 Benham St., Unit 584	Bruneau	ID	83604	\$22,418	\$0	\$0	\$22,418	\$0	
	7013	ID100975	✓	Region 3	Personal Development	232 2nd Street South	Nampa	ID	83651	\$3,272	\$3,272	\$26	\$0	\$0	
	5211	ID100751	✗	Region 4	Personal Development	8100 W Emerald, Suite 150	Boise	ID	83704	\$49,852	\$49,852	\$2,507	\$0	\$0	
	6	ID100364	✗	Region 3	Port of Hope Centers Inc	508 East Florida Ave	Nampa	ID	83686	\$189,509	\$189,509	\$97,756	\$0	\$0	
	7	ID100141	✓	Region 1	Port of Hope Centers Inc	218 North 23rd Street	Coeur d Alene	ID	83814	\$105,416	\$105,416	\$37,282	\$0	\$0	
	7629	ID100535	✓	Region 1	Port of Hope Centers Inc	2115 Sherman Avenue	Coeur d Alene	ID	83814	\$52,084	\$52,084	\$16,161	\$0	\$0	
	11319	ID100606	✗	Region 5	Positive Connections	141 Citation Way	Hailey	ID	83333	\$651	\$651	\$0	\$0	\$0	
	3194	ID100773	✓	Region 5	Preferred Child and Family Services	284 Martin Street	Twin Falls	ID	83301	\$30,486	\$30,486	\$1,751	\$0	\$0	

	ID100977	ID100977	✖	Region 5	Preferred Child And Family Services	2271 Overland Ave, Ste # 5	Burley	ID	83318	\$8,228	\$8,228	\$937	\$0	\$0	
	Prev2011-47	X	✖	Region 3	Prevention Associates LLC	1407 Homedale Road	Caldwell	ID	83607	\$40,800	\$0	\$0	\$40,800	\$0	
	2411	ID101030	✖	Region 5	Pro Active Advantage, LLC	2223 Overland Avenue	Burley	ID	83318	\$12,155	\$12,155	\$1,108	\$0	\$0	
	9775	ID101025	✖	Region 5	Pro Active Advantage, LLC	264 Main Avenue South	Twin Falls	ID	83301	\$5,145	\$5,145	\$2,830	\$0	\$0	
	6421	ID101023	✖	Region 5	Pro Active Advantage, LLC	215 University Drive	Gooding	ID	83330	\$19,237	\$19,237	\$6,531	\$0	\$0	
	7709	ID101413	✖	Region 5	Psychiatric Services Behavioral Health Clinic, Inc.	493 Eastland Drive	Twin Falls	ID	83303	\$9,278	\$9,278	\$5,049	\$0	\$0	
	6129	ID100884	✖	Region 1	Rathdrum Counseling Center	14954 Coeur d Alene Street	Rathdrum	ID	83858	\$17,419	\$17,419	\$4,833	\$0	\$0	
	9491	ID101132	✔	Region 1	Rawlings Community Counseling	6807 Cody Street	Bonnerr Ferry	ID	83805	\$22,076	\$22,076	\$2,137	\$0	\$0	
	9851	ID100404	✔	Region 7	Reach Beyond	756 Oxford Drive	Idaho Falls	ID	83401	\$14,308	\$14,308	\$6,974	\$0	\$0	
	10894	ID100522	✔	Region 7	Reach Beyond	625 West Pacific Suite 2	Blackfoot	ID	83221	\$772	\$772	\$238	\$0	\$0	
	7343	ID100989	✖	Region 4	Recovery 4 Life	8950 West Emerald Street Suite 178	Boise	ID	83704	\$167,580	\$167,580	\$59,350	\$0	\$0	
	11424	ID100361	✔	Region 3	Recovery 4 Life	709 Dearborn Street	Caldwell	ID	83605	\$14,877	\$14,877	\$4,801	\$0	\$0	
	10247	ID100469	✔	Region 6	Redford Counseling and Family Services	20 Hillcrest Street	American Falls	ID	83211	\$3,864	\$3,864	\$826	\$0	\$0	
	11260	ID100591	✔	Region 6	Redford Counseling and Family Services	490 North Maple Street	Blackfoot	ID	83221	\$196	\$196	\$0	\$0	\$0	
	12074	ID100341	✖	Region 6	Redford Counseling and Family Services	707 N 7th Avenue, Ste D	Pocatello	ID	83201	\$63,331	\$63,331	\$8,632	\$0	\$0	
	11156	ID100600	✔	Region 6	Redford Counseling and Family Services	195 West Oneida	Preston	ID	83263	\$168	\$168	\$0	\$0	\$0	
	11720	ID100796	✖	Region 1	Restored Paths	2205 Ironwood Pl	Coeur d Alene	ID	83815	\$39,216	\$39,216	\$5,728	\$0	\$0	
	Prev2017-41	X	✖	Region 7	ReVisions Community Social Services	1223 South Railroad Avenue, Suite 1	Salmon	ID	83448	\$84,034	\$0	\$0	\$84,034	\$0	
	10695	ID100518	✔	Region 3	Rising Sun Sober Living	609 East Denver Street	Caldwell	ID	83605	\$5,209	\$5,209	\$2,330	\$0	\$0	
	10090	ID100439	✔	Region 2	Rising Sun Sober Living	322 Adams Lane	Lewiston	ID	83501	\$4,660	\$4,660	\$0	\$0	\$0	
	10196	ID100467	✔	Region 2	Rising Sun Sober Living	428 Burell Avenue	Lewiston	ID	83501	\$5,363	\$5,363	\$2,077	\$0	\$0	
	10640	ID100515	✖	Region 2	Rising Sun Sober Living	224 9th Street	Lewiston	ID	83501	\$2,791	\$2,791	\$0	\$0	\$0	
	10128	ID100441	✔	Region 4	Rising Sun Sober Living	4190 Kilarney Drive	Boise	ID	83704	\$6,348	\$6,348	\$3,507	\$0	\$0	
	10129	ID100442	✔	Region 4	Rising Sun Sober Living	8740 San Marino Drive	Boise	ID	83704	\$5,749	\$5,749	\$3,688	\$0	\$0	
	10130	ID100443	✔	Region 4	Rising Sun Sober Living	4900 Sandee Avenue	Boise	ID	83704	\$6,717	\$6,717	\$3,254	\$0	\$0	
	9898	ID100407	✔	Region 4	Rising Sun Sober Living	8812 Goddard Place	Boise	ID	83704	\$4,729	\$4,729	\$2,377	\$0	\$0	

	6306	ID100230	✗	Region 3	Rising Sun Sober Living	516 S 6th Ave	Caldwell	ID	83605	\$8,138	\$8,138	\$0	\$0	\$0	
	8826	ID100289	✓	Region 3	Rising Sun Sober Living	310 West Ash Street	Caldwell	ID	83605	\$7,669	\$7,669	\$2,488	\$0	\$0	
	6251	ID100219	✗	Region 4	Rising Sun Sober Living	7121 San Fernando Dr	Boise	ID	83704	\$2,980	\$2,980	\$0	\$0	\$0	
	6303	ID100227	✗	Region 4	Rising Sun Sober Living	7191 Poplar St	Boise	ID	83704	\$2,425	\$2,425	\$0	\$0	\$0	
	6304	ID100228	✗	Region 4	Rising Sun Sober Living	5051 N Mountain View Dr	Boise	ID	83704	\$3,922	\$3,922	\$0	\$0	\$0	
	7058	ID100231	✗	Region 4	Rising Sun Sober Living	922 Palace Row	Boise	ID	83704	\$703	\$703	\$0	\$0	\$0	
	6302	ID100220	✗	Region 4	Rising Sun Sober Living	7210 San Fernando Dr	Boise	ID	83704	\$1,695	\$1,695	\$0	\$0	\$0	
	7298	ID100232	✗	Region 4	Rising Sun Sober Living	8705 Goddard Rd	Boise	ID	83704	\$3,207	\$3,207	\$1,651	\$0	\$0	
	7950	ID100037	✓	Region 4	Rising Sun Sober Living	8050 Ustick Road	Boise	ID	83704	\$17,080	\$17,080	\$0	\$0	\$0	
	10615	ID100448	✓	Region 2	Riverside Recovery LLC	1720 18th Avenue	Lewiston	ID	83501	\$141,416	\$141,416	\$38,093	\$0	\$0	
	5870	ID100902	✗	Region 6	Road to Recovery Inc	20 North Main Street Suite 6	Malad	ID	83252	\$1,204	\$1,204	\$0	\$0	\$0	
	7261	ID100620	✗	Region 6	Road to Recovery Inc.	343 East Bonneville Street	Pocatello	ID	83201	\$12,834	\$12,834	\$5,283	\$0	\$0	
	10115	ID100438	✗	Region 4	Sage Recovery, LLC	2995 North Cole Road Suite 255/240	Boise	ID	83704	\$32,702	\$32,702	\$7,926	\$0	\$0	
	Prev2011-50	x	✗	Region 7	Salmon School District #291	907 Sharkey	Salmon	ID	83467	\$12,598	\$0	\$0	\$12,598	\$0	
	Prev2018-37	x	✗	Region 1	Sandpoint Police Department	1123 Lake Street	Sandpoint	ID	83864	\$11,840	\$0	\$0	\$11,840	\$0	
	9178	ID100531	✓	Region 1	Sequel Alliance Family Services LLC	1200 Ironwood Drive Suite 101	Coeur d Alene	ID	83814	\$39,329	\$39,329	\$2,582	\$0	\$0	
	9707	ID100385	✓	Region 2	Sequel Alliance Family Services LLC	504 Main Street Suite 444	Lewiston	ID	83501	\$1,906	\$1,906	\$341	\$0	\$0	
	9709	ID100386	✗	Region 2	Sequel Alliance Family Services LLC	155 Main Street, Ste C	Orofino	ID	83544	\$7,963	\$7,963	\$341	\$0	\$0	
	9708	ID100918	✓	Region 2	Sequel Alliance Family Services LLC	212 East Rodeo Drive Suite 410	Moscow	ID	83843	\$2,778	\$2,778	\$170	\$0	\$0	
	9180	ID100979	✓	Region 1	Sequel Alliance Family Services LLC	14 Emerson Lane	Kellogg	ID	83837	\$37,088	\$37,088	\$12,144	\$0	\$0	
	9181	ID100803	✗	Region 1	Sequel Alliance Family Services, LLC	618 S Division Avenue	Sandpoint	ID	83864	\$8,145	\$8,145	\$864	\$0	\$0	
	10162	ID100460	✓	Region 7	Silver Lake Counseling	545 Shoup Street Suite 308	Idaho Falls	ID	83403	\$347	\$347	\$0	\$0	\$0	
	Prev2018-38	x	✗	Region 5	St Jerome's Catholic Church	216 2nd Ave East	Jerome	ID	83338	\$7,732	\$0	\$0	\$7,732	\$0	
	Prev2018-39	x	✗	Region 3	St Luke's McCall	1000 State Street	McCall	ID	83638	\$54,517	\$0	\$0	\$54,517	\$0	
	11539	ID100482	✗	Region 7	Stewards of Recovery	163 East Elva St	Idaho Falls	ID	83402	\$11,593	\$11,593	\$1,655	\$0	\$0	
	Prev2011-54	x	✗	Region 6	Still Waters Outreach	755 W. Center	Pocatello	ID	83204	\$90,036	\$0	\$0	\$90,036	\$0	
	9441	ID100360	✓	Region 7	Sullivan Mental Health Services	1904 Jennie Lee Drive	Idaho Falls	ID	83404	\$24,277	\$24,277	\$3,145	\$0	\$0	
	9869	ID100401	✗	Region 3	Supportive Housing and Innovative Partnerships	510 Elmwood Drive	Nampa	ID	83687	\$2,227	\$2,227	\$1,193	\$0	\$0	

	5389	ID100384	✗	Region 4	Supportive Housing and Innovative Partnerships	2720 Reno Way	Boise	ID	83704	\$4,411	\$4,411	\$0	\$0	\$0	
	8062	ID100235	✗	Region 4	Supportive Housing and Innovative Partnerships	1286 N Aster Place	Boise	ID	83704	\$5,232	\$5,232	\$1,066	\$0	\$0	
	10111	ID100440	✗	Region 4	Supportive Housing and Innovative Partnerships	2054 Shoshone Street	Boise	ID	83705	\$3,317	\$3,317	\$1,058	\$0	\$0	
	9658	ID100378	✗	Region 4	Supportive Housing and Innovative Partnerships	1050 Clover Drive	Boise	ID	83703	\$5,386	\$5,386	\$0	\$0	\$0	
	11062	ID100997	✓	Region 1	Tamarack Treatment and Counseling Ctr	710 Superior Avenue Suite C	Sandpoint	ID	83864	\$3,805	\$3,805	\$170	\$0	\$0	
	8856	ID100305	✗	Region 6	Therapy in Motion	165 West Main St	Lava Hot Springs	ID	83246	\$1,839	\$1,839	\$0	\$0	\$0	
	9871	ID100402	✗	Region 6	Therapy in Motion	321 S 4th West	Lava Hot Springs	ID	83246	\$881	\$881	\$174	\$0	\$0	
	10069	ID100437	✗	Region 6	Therapy in Motion	178 West Main St	Lava Hot Springs	ID	83246	\$108,041	\$108,041	\$43,314	\$0	\$0	
	7627	ID100278	✗	Region 7	Tibbitts Transportation	772 North 4000 East	Rigby	ID	83442	\$4,685	\$4,685	\$1,720	\$0	\$0	
	7200	ID101027	✗	Region 7	Tueller Counseling Services Inc	3854 E 300 N	Rigby	ID	83442	\$5,193	\$5,193	\$170	\$0	\$0	
	7604	ID101399	✗	Region 7	Tueller Counseling Services Inc	343 East 4th North Suite 231	Rexburg	ID	83440	\$486	\$486	\$0	\$0	\$0	
	9731	ID100389	✓	Region 6	Tueller Counseling Services Inc	4650 Hawthorne Road Suite 3-B	Chubbuck	ID	83202	\$981	\$981	\$0	\$0	\$0	
	10949	ID100527	✓	Region 6	Tueller Counseling Services Inc	275 South 5th Avenue Suite 248	Pocatello	ID	83201	\$2,114	\$2,114	\$0	\$0	\$0	
	6894	ID101026	✗	Region 7	Tueller Counseling Services Inc.	2275 West Broadway Suite G	Idaho Falls	ID	83402	\$13,127	\$13,127	\$434	\$0	\$0	
	10919	ID101434	✗	Region 5	Twin Falls Treatment and Recovery Clinic	630 Addison Avenue West	Twin Falls	ID	83301-6153	\$63,540	\$51,655	\$666	\$11,885	\$0	
	2727	ID100238	✓	Region 4	United Drug Testing Lab	1010 North Orchard Suite 8	Boise	ID	83706	\$27	\$27	\$9	\$0	\$0	
	10185	ID100642	✗	Region 7	Upper Valley Resource & Counseling Center	115 N Clark	Rigby	ID	83442	\$2,317	\$2,317	\$1,881	\$0	\$0	
	6137	ID100641	✗	Region 7	Upper Valley Resource & Counseling Center	1223 S Railroad Ave	Sugar City	ID	83448	\$13,453	\$13,453	\$4,693	\$0	\$0	
	10243	ID100466	✓	Region 4	Ustick House	2267 Hervey Street	Boise	ID	83705	\$5,409	\$5,409	\$0	\$0	\$0	
	9925	ID100426	✗	Region 5	Valley Community Counseling	215 West Yakima Street Suite 4	Jerome	ID	83338	\$29,507	\$29,507	\$341	\$0	\$0	
	9960	ID100425	✗	Region 5	Valley Community Counseling	1092 Eastland Drive North Suite C	Twin Falls	ID	83301	\$583	\$583	\$170	\$0	\$0	
	Prev2011-61	X	✗	Region 3	Vallivue School District #139	18070 Santa Ana Avenue	Nampa	ID	83687	\$69,608	\$0	\$0	\$69,608	\$0	
	20	ID750085	✓	Region 5	Walker Center	605 11th Avenue East	Gooding	ID	83330	\$313,989	\$313,989	\$158,046	\$0	\$0	
	2465	ID100703	✓	Region 5	Walker Center	762 Falls Avenue	Twin Falls	ID	83301	\$43,941	\$43,941	\$10,190	\$0	\$0	
	Prev2011-63	X	✗	Region 5	Walker Center for Alcoholism and Drug Abuse Inc.	762 Falls Avenue	Twin Falls	ID	83331	\$11,870	\$0	\$0	\$11,870	\$0	

65	ID100546	✗	Region 2	Weeks and Vietri Counseling & Community Services	818 South Washington Street	Moscow	ID	83843	\$17,521	\$17,521	\$3,019	\$0	\$0	
11182	ID100589	✓	Region 1	Wellness Enhancement Center of Idaho	950 West Ironwood Drive Suite 2	Coeur d Alene	ID	83814	\$1,808	\$1,808	\$0	\$0	\$0	
Prev2011-66	X	✗	Region 4	Women's and Children's Alliance Inc.	720 W. Washington	Boise	ID	83702	\$15,133	\$0	\$0	\$15,133	\$0	
Total									\$8,245,005	\$6,657,045	\$895,305	\$1,587,960	\$0	

\* Indicates the imported record has an error.

Footnotes:



### III: Expenditure Reports

**Table 8a - Maintenance of Effort for State Expenditures for SUD Prevention and Treatment**

This Maintenance of Effort table provides a description of non-federal expenditures for authorized activities to prevent and treat substance abuse flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2017 Expenditure Period End Date: 06/30/2018

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2016) + B2(2017)</u> 2 (C)
SFY 2016 (1)	\$18,994,219	
SFY 2017 (2)	\$19,147,929	\$19,071,074
SFY 2018 (3)	\$19,684,007	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2016	Yes	<u>X</u>	No	_____
SFY 2017	Yes	<u>X</u>	No	_____
SFY 2018	Yes	<u>X</u>	No	_____

Did the state or jurisdiction have any **non-recurring expenditures** as described in 42 U.S.C. § 300x-30(b) for a specific purpose which were not included in the MOE calculation?

Yes \_\_\_\_\_ No X

If yes, specify the amount and the State fiscal year: \_\_\_\_\_

If yes, SFY: \_\_\_\_\_

Did the State or Jurisdiction include these funds in previous year MOE calculations?

Yes \_\_\_\_\_ No \_\_\_\_\_

When did the State submit an official request to the SAMHSA Administrator to exclude these funds from the MOE calculations? \_\_\_\_\_

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: \_\_\_\_\_

Please provide a description of the amounts and methods used to calculate the total Single State Agency (SSA) expenditures for substance abuse prevention and treatment 42 U.S.C. §300x-30

A description of the amounts and methods used to calculate the total Single State Agency (SSA) expenditures for substance abuse prevention and treatment 42 U.S.C. §300x-30 is included as an attachment named "2019 Table 8a Explanation".

#### Footnotes:

## Table 8a - Maintenance of Effort for State Expenditures for SAPT

### Expenditure Period: State Fiscal Year 2018

**Explanation:** Idaho used the FY 2013 process to generate the data entered into Table 8a for the 2019 SABG Behavioral Health Report, for the state fiscal year 2018 expenditure period. The funds previously appropriated to the Department of Health and Welfare for the delivery of substance use disorder services in State Fiscal Year 2011 were re-distributed, by the Idaho Legislature, and appropriated to three state agencies, an office under the direct supervision of the Governor, and a branch of government (the Idaho Office of Drug Policy, the Idaho Supreme Court, the Idaho Department of Correction, the Idaho Department of Juvenile Corrections and the Idaho Department of Health and Welfare) in FY 2012. To account for this change in appropriation, the Division of Behavioral Health, reports the expenditures of these funds by each of the agencies listed above. A chart depicting expenditures for Idaho State Fiscal Year 2018 is included below.

Agency	Amount Expended
Department of Health & Welfare	\$ 3,125,006
Idaho Supreme Court	\$ 5,208,800
Department of Juvenile Corrections	\$3,089,556
Idaho Office of Drug Policy	\$106,859
Department of Correction (Adult)	\$ 8,153,786
<b>TOTAL</b>	<b>\$19,684,007</b>

### III: Expenditure Reports

**Table 8d - Expenditures for Services to Pregnant Women and Women with Dependent Children**

This table provides a report of all statewide, non-federal funds expended on specialized treatment and related services which meet the SABG requirements for pregnant women and women with dependent children during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2017 Expenditure Period End Date: 06/30/2018

Base	
Period	Total Women's Base (A)
SFY 1994	634045.00

Maintenance			
Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2016		1658899.00	
SFY 2017		732619.00	
SFY 2018		\$ 848427.00	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b) (1).

The Idaho Department of Health and Welfare (Department) uses a program cost accounting (PCA) coding system which designates a specific set of codes for each Division. When the block grant added requirements for a primary prevention set-aside as well as the Pregnant Women and Women with Dependent Children (PWWDC) program, specific codes were established for each activity. Since the Department's Division of Behavioral Health (DBH) staff, do not deliver PWWDC services directly, this service was included in the Substance Use Disorders Provider Network

**Footnotes:**  
 Response to Revision Request dated 12/11/2018: Idaho plans to expend a minimum of \$634,045 on services to Pregnant Women and Women with Dependent Children in SFY 2019.

## IV: Population and Services Reports

**Table 9 - Prevention Strategy Report**

Expenditure Period Start Date: 10/1/2015      Expenditure Period End Date: 9/30/2017

Column A (Risks)	Column B (Strategies)	Column C (Providers)
No Risk Assigned	1. Information Dissemination	
	1. Clearinghouse/information resources centers	1
	3. Media campaigns	3
	4. Brochures	1
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
	2. Education	
	1. Parenting and family management	21
	2. Ongoing classroom and/or small group sessions	42
	5. Mentors	3
	6. Preschool ATOD prevention programs	2
	3. Alternatives	
	2. Youth/adult leadership activities	1
	6. Recreation activities	3
	4. Problem Identification and Referral	
	2. Student Assistance Programs	1
	4. Project Towards no Drug Abuse Plus	3
	5. Community-Based Process	
	4. Community team-building	1
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	1
	5. Installing prescription drug drop boxes	1

**Footnotes:**

## IV: Population and Services Reports

**Table 10 - Treatment Utilization Matrix**

This table is intended to capture the count of persons with initial admissions and subsequent admission(s) to an episode of care.

Expenditure Period Start Date: 7/1/2017      Expenditure Period End Date: 6/30/2018

Level of Care	Number of Admissions $\geq$ Number of Persons Served		Costs per Person		
	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
<b>DETOXIFICATION (24-HOUR CARE)</b>					
1. Hospital Inpatient	0	0	\$0	\$0	\$0
2. Free-Standing Residential	88	88	\$848	\$882	\$391
<b>REHABILITATION/RESIDENTIAL</b>					
3. Hospital Inpatient	0	0	\$0	\$0	\$0
4. Short-term (up to 30 days)	134	130	\$2,435	\$1,940	\$1,837
5. Long-term (over 30 days)	78	76	\$5,280	\$4,341	\$4,347
<b>AMBULATORY (OUTPATIENT)</b>					
6. Outpatient	1725	1613	\$1,645	\$1,132	\$1,620
7. Intensive Outpatient	1276	1116	\$2,102	\$1,240	\$2,452
8. Detoxification	0	0	\$0	\$0	\$0
<b>OPIOID REPLACEMENT THERAPY</b>					
9. Opioid Replacement Therapy	0	0	\$0	\$0	\$0
10. ORT Outpatient	428	426	\$2,234	\$1,073	\$2,788

**Footnotes:**

As of Dec. 28, 2018, Idaho has updated the data in Rows 9 and 10.

## IV: Population and Services Reports

**Table 11 - Unduplicated Count of Persons**

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded through the SABG.

Expenditure Period Start Date: 7/1/2017      Expenditure Period End Date: 6/30/2018

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	15	3	5	0	0	0	0	0	0	0	0	0	2	2	3	4	10	1	0
2. 18 - 24	517	220	163	4	1	0	0	0	0	6	11	16	12	58	26	255	192	49	21
3. 25 - 44	2293	1017	858	16	7	9	2	5	0	30	39	51	42	132	85	1130	946	130	87
4. 45 - 64	623	323	214	4	4	0	1	1	0	11	3	5	10	31	16	342	233	33	15
5. 65 and Over	17	9	3	1	0	0	0	0	0	1	0	0	0	2	1	11	3	2	1
<b>6. Total</b>	<b>3465</b>	<b>1572</b>	<b>1243</b>	<b>25</b>	<b>12</b>	<b>9</b>	<b>3</b>	<b>6</b>	<b>0</b>	<b>48</b>	<b>53</b>	<b>72</b>	<b>66</b>	<b>225</b>	<b>131</b>	<b>1742</b>	<b>1384</b>	<b>215</b>	<b>124</b>
7. Pregnant Women	46		32		1		0		0		5		4		4		40		6
Number of persons served who were admitted in a period prior to the 12 month reporting period		1119																	
Number of persons served outside of the levels of care described on Table 10		0																	

**Footnotes:**

## IV: Population and Services Reports

**Table 12 - SABG Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) in Designated States**

Expenditure Period Start Date: 7/1/2017      Expenditure Period End Date: 6/30/2018

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of SAPT HIV EIS programs funded in the State	Statewide: _____	Rural: _____
2. Total number of individuals tested through SAPT HIV EIS funded programs		
3. Total number of HIV tests conducted with SAPT HIV EIS funds		
4. Total number of tests that were positive for HIV		
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection		
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		

**Footnotes:**

Idaho is not a designated state and is not required to complete this form.

## IV: Population and Services Reports

### Table 13 - Charitable Choice

Under Charitable Choice Provisions; Final Rule (42 CFR Part 54), states, local governments, and religious organizations, such as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide to all potential and actual program beneficiaries (services recipients) notice of their right to alternative services; (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term "alternative services" means services determined by the state to be accessible and comparable and provided within a reasonable period of time from another substance abuse provider ("alternative provider") to which the program beneficiary (services recipient) has no religious objection. The purpose of this table is to document how the state is complying with these provisions.

Expenditure Period Start Date: 7/1/2017      Expenditure Period End Date: 6/30/2018

#### Notice to Program Beneficiaries - Check all that apply:

- ☐ Used model notice provided in final regulation.
- ☒ Used notice developed by State (please attach a copy to the Report).
- ☐ State has disseminated notice to religious organizations that are providers.
- ☐ State requires these religious organizations to give notice to all potential beneficiaries.

#### Referrals to Alternative Services - Check all that apply:

- ☐ State has developed specific referral system for this requirement.
- ☒ State has incorporated this requirement into existing referral system(s).
- ☐ SAMHSA's Behavioral Health Treatment Locator is used to help identify providers.
- ☐ Other networks and information systems are used to help identify providers.
- ☐ State maintains record of referrals made by religious organizations that are providers.

0 Enter total number of referrals necessitated by religious objection to other substance abuse providers ("alternative providers"), as defined above, made in previous fiscal year. Provide total only; no information on specific referrals required.

#### Brief description (one paragraph) of any training for local governments and faith-based and community organizations on these requirements.

As reported in previous years, Idaho does not have a written form, or notice. Idaho employs a managed care model of service delivery where all substance use disorder (SUD) applicants are screened by independent clinicians prior to admission to treatment. Once an applicant has been determined to be eligible for Division of Behavioral Health-funded Substance Use Disorder treatment, the clinician shares information about the providers available in the applicant's area. This information includes a description of each provider, the type of services they deliver and if they are a faith-based or secular agency. This enables the applicant to select the provider that most closely meets their needs. If an applicant selects a faith-based provider, the clinician verifies that services delivered by a faith-based organization are acceptable to the applicant and informs the applicant that they can request a different provider at any time during the treatment episode.

#### Footnotes:



## V: Performance Indicators and Accomplishments

**Table 14 - Treatment Performance Measure Employment/Education Status (From Admission to Discharge)**

### Short-term Residential(SR)

#### Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	113	114
Total number of clients with non-missing values on employment/student status [denominator]	424	424
Percent of clients employed or student (full-time and part-time)	26.7 %	26.9 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		408
Number of CY 2017 discharges submitted:		441
Number of CY 2017 discharges linked to an admission:		436
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		424
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		424

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

### Long-term Residential(LR)

#### Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	7	9
Total number of clients with non-missing values on employment/student status [denominator]	122	122
Percent of clients employed or student (full-time and part-time)	5.7 %	7.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		82
Number of CY 2017 discharges submitted:		127
Number of CY 2017 discharges linked to an admission:		125
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		122

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	122
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Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

## Outpatient (OP)

### Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	2,408	2,580
Total number of clients with non-missing values on employment/student status [denominator]	3,951	3,951
Percent of clients employed or student (full-time and part-time)	60.9 %	65.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		1,434
Number of CY 2017 discharges submitted:		4,396
Number of CY 2017 discharges linked to an admission:		4,366
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,951
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		3,951

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

## Intensive Outpatient (IO)

### Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	923	1,032
Total number of clients with non-missing values on employment/student status [denominator]	2,360	2,360
Percent of clients employed or student (full-time and part-time)	39.1 %	43.7 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		689
Number of CY 2017 discharges submitted:		2,684
Number of CY 2017 discharges linked to an admission:		2,669
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,360

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	2,360
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Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 15 - Treatment Performance Measure Stability of Housing (From Admission to Discharge)**

### Short-term Residential(SR)

#### Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	333	333
Total number of clients with non-missing values on living arrangements [denominator]	424	424
Percent of clients in stable living situation	78.5 %	78.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		408
Number of CY 2017 discharges submitted:		441
Number of CY 2017 discharges linked to an admission:		436
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		424
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		424

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

### Long-term Residential(LR)

#### Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	98	99
Total number of clients with non-missing values on living arrangements [denominator]	122	122
Percent of clients in stable living situation	80.3 %	81.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		82
Number of CY 2017 discharges submitted:		127
Number of CY 2017 discharges linked to an admission:		125
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		122

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	122
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Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

## Outpatient (OP)

### Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	3,764	3,777
Total number of clients with non-missing values on living arrangements [denominator]	3,951	3,951
Percent of clients in stable living situation	95.3 %	95.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		1,434
Number of CY 2017 discharges submitted:		4,396
Number of CY 2017 discharges linked to an admission:		4,366
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,951
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		3,951

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

## Intensive Outpatient (IO)

### Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	2,129	2,148
Total number of clients with non-missing values on living arrangements [denominator]	2,359	2,359
Percent of clients in stable living situation	90.3 %	91.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		689
Number of CY 2017 discharges submitted:		2,684
Number of CY 2017 discharges linked to an admission:		2,669
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,360

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	2,359
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Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 16 - Treatment Performance Measure Criminal Justice Involvement (From Admission to Discharge)**

### Short-term Residential(SR)

#### Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	355	415
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	436	436
Percent of clients without arrests	81.4 %	95.2 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		408
Number of CY 2017 discharges submitted:		441
Number of CY 2017 discharges linked to an admission:		436
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		436
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		436

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

### Long-term Residential(LR)

#### Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	107	121
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	125	125
Percent of clients without arrests	85.6 %	96.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		82
Number of CY 2017 discharges submitted:		127
Number of CY 2017 discharges linked to an admission:		125
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		125

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	125
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Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

## Outpatient (OP)

### Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	4,006	3,881
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	4,316	4,316
Percent of clients without arrests	92.8 %	89.9 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		1,434
Number of CY 2017 discharges submitted:		4,396
Number of CY 2017 discharges linked to an admission:		4,366
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,316
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		4,316

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

## Intensive Outpatient (IO)

### Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	2,250	2,291
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	2,622	2,622
Percent of clients without arrests	85.8 %	87.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		689
Number of CY 2017 discharges submitted:		2,684
Number of CY 2017 discharges linked to an admission:		2,669
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,622



Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	2,622
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Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 17 - Treatment Performance Measure Change in Abstinence - Alcohol Use (From Admission to Discharge)**

### Short-term Residential(SR)

#### A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	326	378
All clients with non-missing values on at least one substance/frequency of use [denominator]	436	436
Percent of clients abstinent from alcohol	74.8 %	86.7 %

#### B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		67
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	110	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		60.9 %

#### C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		311
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	326	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		95.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		408
Number of CY 2017 discharges submitted:		441
Number of CY 2017 discharges linked to an admission:		436
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		436
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		436

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

## Long-term Residential(LR)

### A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	91	96
All clients with non-missing values on at least one substance/frequency of use [denominator]	125	125
Percent of clients abstinent from alcohol	72.8 %	76.8 %

### B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		11
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	34	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		32.4 %

### C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		85
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	91	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		93.4 %

#### Notes (for this level of care):

Number of CY 2017 admissions submitted:	82
Number of CY 2017 discharges submitted:	127
Number of CY 2017 discharges linked to an admission:	125
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	125
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	125

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

## Outpatient (OP)

### A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
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Number of clients abstinent from alcohol [numerator]	3,544	3,436
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,301	4,301
Percent of clients abstinent from alcohol	82.4 %	79.9 %

#### B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		442
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	757	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		58.4 %

#### C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		2,994
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,544	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		84.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		1,434
Number of CY 2017 discharges submitted:		4,396
Number of CY 2017 discharges linked to an admission:		4,366
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,316
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		4,301

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

#### Intensive Outpatient (IO)

##### A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	1,934	2,004
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,603	2,603

Percent of clients abstinent from alcohol	74.3 %	77.0 %
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#### B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		330
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	669	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		49.3 %

#### C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,674
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,934	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		86.6 %

#### Notes (for this level of care):

Number of CY 2017 admissions submitted:	689
Number of CY 2017 discharges submitted:	2,684
Number of CY 2017 discharges linked to an admission:	2,669
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,622
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	2,603

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

#### Footnotes:

## V: Performance Indicators and Accomplishments

**Table 18 - Treatment Performance Measure Change in Abstinence - Other Drug Use (From Admission to Discharge)**

### Short-term Residential(SR)

#### A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	100	284
All clients with non-missing values on at least one substance/frequency of use [denominator]	436	436
Percent of clients abstinent from drugs	22.9 %	65.1 %

#### B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		197
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	336	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [ $\#T2 / \#T1 \times 100$ ]		58.6 %

#### C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		87
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	100	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [ $\#T2 / \#T1 \times 100$ ]		87.0 %

#### Notes (for this level of care):

Number of CY 2017 admissions submitted:	408
Number of CY 2017 discharges submitted:	441
Number of CY 2017 discharges linked to an admission:	436
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	436
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	436

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

## Long-term Residential(LR)

### A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	39	59
All clients with non-missing values on at least one substance/frequency of use [denominator]	125	125
Percent of clients abstinent from drugs	31.2 %	47.2 %

### B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		29
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	86	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		33.7 %

### C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		30
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	39	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		76.9 %

#### Notes (for this level of care):

Number of CY 2017 admissions submitted:	82
Number of CY 2017 discharges submitted:	127
Number of CY 2017 discharges linked to an admission:	125
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	125
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	125

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

## Outpatient (OP)

### A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
--	------------------	------------------

Number of clients abstinent from drugs [numerator]	3,134	2,859
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,301	4,301
Percent of clients abstinent from drugs	72.9 %	66.5 %

#### B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		561
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,167	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		48.1 %

#### C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		2,298
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,134	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		73.3 %

#### Notes (for this level of care):

Number of CY 2017 admissions submitted:	1,434
Number of CY 2017 discharges submitted:	4,396
Number of CY 2017 discharges linked to an admission:	4,366
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	4,316
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	4,301

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

#### Intensive Outpatient (IO)

##### A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	1,368	1,435
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,603	2,603



Percent of clients abstinent from drugs	52.6 %	55.1 %
---	--------	--------

#### B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		468
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	1,235	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		37.9 %

#### C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		967
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	1,368	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		70.7 %

#### Notes (for this level of care):

Number of CY 2017 admissions submitted:	689
Number of CY 2017 discharges submitted:	2,684
Number of CY 2017 discharges linked to an admission:	2,669
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,622
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	2,603

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

#### Footnotes:

## V: Performance Indicators and Accomplishments

**Table 19 - Treatment Performance Measure Change in Social Support Of Recovery (From Admission to Discharge)**

### Short-term Residential(SR)

#### Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	8	19
Total number of clients with non-missing values on self-help attendance [denominator]	32	32
Percent of clients attending self-help programs	25.0 %	59.4 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	34.4 %	
Notes (for this level of care):		
Number of CY 2017 admissions submitted:	408	
Number of CY 2017 discharges submitted:	441	
Number of CY 2017 discharges linked to an admission:	436	
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	436	
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	32	

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

### Long-term Residential(LR)

#### Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	9	14
Total number of clients with non-missing values on self-help attendance [denominator]	28	28
Percent of clients attending self-help programs	32.1 %	50.0 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	17.9 %	
Notes (for this level of care):		
Number of CY 2017 admissions submitted:	82	
Number of CY 2017 discharges submitted:	127	

Number of CY 2017 discharges linked to an admission:	125
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	125
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	28

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

## Outpatient (OP)

### Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	574	714
Total number of clients with non-missing values on self-help attendance [denominator]	1,775	1,775
Percent of clients attending self-help programs	32.3 %	40.2 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	7.9 %	
Notes (for this level of care):		
Number of CY 2017 admissions submitted:		1,434
Number of CY 2017 discharges submitted:		4,396
Number of CY 2017 discharges linked to an admission:		4,366
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,316
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		1,775

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

## Intensive Outpatient (IO)

### Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	405	491
Total number of clients with non-missing values on self-help attendance [denominator]	1,135	1,135
Percent of clients attending self-help programs	35.7 %	43.3 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	7.6 %	
Notes (for this level of care):		

Number of CY 2017 admissions submitted:	689
Number of CY 2017 discharges submitted:	2,684
Number of CY 2017 discharges linked to an admission:	2,669
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,622
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	1,135

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 20 - Retention - Length of Stay (in Days) of Clients Completing Treatment**

Level of Care	Average (Mean)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile (Median)	75 <sup>th</sup> Percentile
<b>DETOXIFICATION (24-HOUR CARE)</b>				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	38	3	4	27
<b>REHABILITATION/RESIDENTIAL</b>				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	44	27	34	52
5. Long-term (over 30 days)	92	27	74	123
<b>AMBULATORY (OUTPATIENT)</b>				
6. Outpatient	134	61	104	172
7. Intensive Outpatient	125	40	83	160
8. Detoxification	0	0	0	0
<b>OPIOID REPLACEMENT THERAPY</b>				
9. Opioid Replacement Therapy	0	0	0	0
10. ORT Outpatient	110	32	93	166

Level of Care	2017 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
<b>DETOXIFICATION (24-HOUR CARE)</b>		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	136	132
<b>REHABILITATION/RESIDENTIAL</b>		
3. Hospital Inpatient	0	0

4. Short-term (up to 30 days)	441	436
5. Long-term (over 30 days)	127	125
<b>AMBULATORY (OUTPATIENT)</b>		
6. Outpatient	4396	4335
7. Intensive Outpatient	2684	2669
8. Detoxification	0	0
<b>OPIOID REPLACEMENT THERAPY</b>		
9. Opioid Replacement Therapy	0	0
10. ORT Outpatient	0	31

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

**Footnotes:**

Regarding the revision request dated December 3, 2018, Idaho has reviewed the information on Table 20 and has confirmed that it is accurate. However, during the review process, Idaho did identify an issue with the information that was provided on Table 10. On Table 10, the values associated with row 9 "Opioid Replacement Therapy" should be 0 and the values on row 10 "ORT Outpatient" will need to be updated. Can you please open up Table 10 so the state can correct the data?

## V: Performance Indicators and Accomplishments

**Table 21 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY - ABSTINENCE FROM DRUG USE/ALCOHOL USE**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
1. 30-day Alcohol Use	<b>Source Survey Item:</b> NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.] <b>Outcome Reported:</b> Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 20 - CY 2015 - 2016	16.9	
	Age 21+ - CY 2015 - 2016	50.6	
2. 30-day Cigarette Use	<b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.] <b>Outcome Reported:</b> Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2015 - 2016	4.7	
	Age 18+ - CY 2015 - 2016	17.2	
3. 30-day Use of Other Tobacco Products	<b>Survey Item:</b> NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products] <sup>[1]</sup> ?[Response option: Write in a number between 0 and 30.] <b>Outcome Reported:</b> Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2015 - 2016	2.8	
	Age 18+ - CY 2015 - 2016	7.2	
4. 30-day Use of Marijuana	<b>Source Survey Item:</b> NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.] <b>Outcome Reported:</b> Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2015 - 2016	5.5	
	Age 18+ - CY 2015 - 2016	7.1	
5. 30-day Use of Illegal Drugs Other Than Marijuana	<b>Source Survey Item:</b> NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug]? <sup>[2]</sup> <b>Outcome Reported:</b> Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).		
	Age 12 - 17 - CY 2015 - 2016	3.8	

	Age 18+ - CY 2015 - 2016	3.6	
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[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.  
[2]NSDUH asks separate questions for each illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.

**Footnotes:**



## V: Performance Indicators and Accomplishments

**Table 22 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: PERCEPTION OF RISK/HARM OF USE**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
1. Perception of Risk From Alcohol	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2015 - 2016	79.5	
	Age 21+ - CY 2015 - 2016	82.9	
2. Perception of Risk From Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day? [Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2015 - 2016	91.6	
	Age 18+ - CY 2015 - 2016	92.9	
3. Perception of Risk From Marijuana	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2015 - 2016	70.3	
	Age 18+ - CY 2015 - 2016	60.7	

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 23 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: AGE OF FIRST USE**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
1. Age at First Use of Alcohol	<b>Source Survey Item:</b> NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.?[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of alcohol.		
	Age 12 - 20 - CY 2015 - 2016	14.7	
	Age 21+ - CY 2015 - 2016		
2. Age at First Use of Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2015 - 2016	13.3	
	Age 18+ - CY 2015 - 2016	16.0	
3. Age at First Use of Tobacco Products Other Than Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product] <sup>[1]</sup> ?[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2015 - 2016	14.3	
	Age 18+ - CY 2015 - 2016	19.6	
4. Age at First Use of Marijuana or Hashish	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2015 - 2016	13.9	
	Age 18+ - CY 2015 - 2016	18.4	
5. Age at First Use Heroin	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of heroin.		
	Age 12 - 17 - CY 2015 - 2016		
	Age 18+ - CY 2015 - 2016		
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever] <sup>[2]</sup> in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.		

	Age 12 - 17 - CY 2015 - 2016		
	Age 18+ - CY 2015 - 2016		

[1]The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.  
[2]The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.

**Footnotes:**  
This table had not fully pre-populated with data as of November 30, 2018.

## V: Performance Indicators and Accomplishments

**Table 24 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: PERCEPTION OF DISAPPROVAL/ATTITUDES**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
1. Disapproval of Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2015 - 2016	94.2	
2. Perception of Peer Disapproval of Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2015 - 2016	94.1	
3. Disapproval of Using Marijuana Experimentally	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2015 - 2016	83.9	
4. Disapproval of Using Marijuana Regularly	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2015 - 2016	83.2	
5. Disapproval of Alcohol	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 20 - CY 2015 - 2016		

**Footnotes:**

This table had not fully pre-populated with data as of November 30, 2018.

## V: Performance Indicators and Accomplishments

**Table 25 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: EMPLOYMENT/EDUCATION; MEASURE: PERCEPTION OF WORKPLACE POLICY**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Perception of Workplace Policy	<b>Source Survey Item:</b> NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] <b>Outcome Reported:</b> Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 15 - 17 - CY 2015 - 2016		
	Age 18+ - CY 2015 - 2016	43.0	

**Footnotes:**

This table had not fully pre-populated with data as of November 30, 2018.

V: Performance Indicators and Accomplishments

Table 26 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN - EMPLOYMENT/EDUCATION; MEASURE: AVERAGE DAILY SCHOOL ATTENDANCE RATE

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Average Daily School Attendance Rate	<b>Source:</b> National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at <a href="http://nces.ed.gov/ccd/stfis.asp">http://nces.ed.gov/ccd/stfis.asp</a> . <b>Measure calculation:</b> Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2015	93.5	

**Footnotes:**

V: Performance Indicators and Accomplishments

Table 27 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: CRIME AND CRIMINAL JUSTICE MEASURE: ALCOHOL-RELATED TRAFFIC FATALITIES

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Alcohol-Related Traffic Fatalities	<b>Source:</b> National Highway Traffic Safety Administration Fatality Analysis Reporting System <b>Measure calculation:</b> The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2016	35.2	

**Footnotes:**

V: Performance Indicators and Accomplishments

Table 28 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: CRIME AND CRIMINAL JUSTICE MEASURE: ALCOHOL- AND DRUG-RELATED ARRESTS

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Alcohol- and Drug- Related Arrests	<b>Source:</b> Federal Bureau of Investigation Uniform Crime Reports <b>Measure calculation:</b> The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2016	33.1	

**Footnotes:**



## V: Performance Indicators and Accomplishments

**Table 29 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: SOCIAL CONNECTEDNESS; MEASURE: FAMILY COMMUNICATIONS AROUND DRUG AND ALCOHOL USE**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
1. Family Communications Around Drug and Alcohol Use (Youth)	<b>Source Survey Item:</b> NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you?[Response options: Yes, No] <b>Outcome Reported:</b> Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2015 - 2016	59.6	
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs? <sup>[1]</sup> [Response options: 0 times, 1 to 2 times, a few times, many times] <b>Outcome Reported:</b> Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2015 - 2016	91.6	

[1]NSDUH does not ask this question of all sampled parents. It is a validation question posed to parents of 12- to 17-year-old survey respondents. Therefore, the responses are not representative of the population of parents in a State. The sample sizes are often too small for valid reporting.

### Footnotes:

V: Performance Indicators and Accomplishments

Table 30 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN - RETENTION MEASURE: PERCENTAGE OF YOUTH SEEING, READING, WATCHING, OR LISTENING TO A PREVENTION MESSAGE

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Exposure to Prevention Messages	<b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] <sup>[1]</sup> ?" <b>Outcome Reported:</b> Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2015 - 2016	88.6	

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 31-35 - Reporting Period - Start and End Dates for Information Reported on Tables 31, 32, 33, 34, and 35**

**Reporting Period Start and End Dates for Information Reported on Tables 33, 34, 35, 36 and 37**

Please indicate the reporting period (start date and end date totaling 12 months by the State) for each of the following forms:

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	7/1/2015	6/30/2016
2. Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	7/1/2015	6/30/2016
3. Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention	7/1/2015	6/30/2016
4. Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention	7/1/2015	6/30/2016
5. Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies	7/1/2015	6/30/2016

**Question 1:** Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

In FY2016, Idaho used the Kit Solutions KPS data management system. This system was a web-based, password protected system used by grantees to enter NOMs data.

**Question 2:** Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

In the Kit Solutions KPS data management system, the individual providers reported whether an individual was "More than One Race." Only one racial selection was allowed. The state added those participants to the "More than One Race" category.

**Footnotes:**

Due to the data management system used, the Office of Drug Policy (ODP) can only report on fiscal year for FY2016. Beginning January of 2017, ODP will be able report calendar.

## V: Performance Indicators and Accomplishments

**Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity**

Category	Total
<b>Age</b>	
0-4	126
5-11	8997
12-14	5974
15-17	1221
18-20	294
21-24	52
25-44	311
45-64	183
65 and over	15
Age Not Known	186
<b>Gender</b>	
Male	8717
Female	8239
Gender Unknown	403
<b>Race</b>	
White	12993
Black or African American	239
Native Hawaiian/Other Pacific Islander	45
Asian	222
American Indian/Alaska Native	313
More Than One Race (not OMB required)	423

Race Not Known or Other (not OMB required)	3124
<b>Ethnicity</b>	
Hispanic or Latino	3291
Not Hispanic or Latino	13895
Ethnicity Unknown	173

**Question 1:** Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

In FY2016, Idaho used the Kit Solutions KPS data management system. This system was a web-based, password protected system used by grantees to enter NOMs data.

**Question 2:** Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

In the Kit Solutions KPS data management system, the individual providers reported whether an individual was "More than One Race." Only one racial selection was allowed. The state added those participants to the "More than One Race" category.

**Footnotes:**

In fiscal year 2017, the Office of Drug Policy modified the mechanism for how grantees provide NOMS data. In the past, data was entered via an online reporting system, KIT Solutions KPS, which did not have the capacity to separate data by calendar year. Currently, and since FY2017 (July 1, 2016-June 30, 2017) we are now using spreadsheets made in-house to collect that information. All services for participants are dated, which allows calendar year reporting.

## V: Performance Indicators and Accomplishments

**Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity**

Category	Total
<b>Age</b>	
0-4	261423
5-11	392766
12-14	169027
15-17	157938
18-20	155360
21-24	200274
25-44	940878
45-64	908628
65 and over	532897
Age Not Known	
<b>Gender</b>	
Male	1863158
Female	1856033
Gender Unknown	
<b>Race</b>	
White	3399152
Black or African American	22627
Native Hawaiian/Other Pacific Islander	4363
Asian	47428
American Indian/Alaska Native	47437
More Than One Race (not OMB required)	93743

Race Not Known or Other (not OMB required)	104441
<b>Ethnicity</b>	
Hispanic or Latino	454452
Not Hispanic or Latino	3264739
Ethnicity Unknown	

**Footnotes:**

In fiscal year 2017, the Office of Drug Policy modified the mechanism for how grantees provide NOMS data. In the past, data was entered via an online reporting system, KIT Solutions KPS, which did not have the capacity to separate data by calendar year. Currently, and since FY2017 (July 1, 2016-June 30, 2017) we are now using spreadsheets made in-house to collect that information. All services for participants are dated, which allows calendar year reporting.

V: Performance Indicators and Accomplishments

Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention

Number of Persons Served by Individual- or Population-Based Program or Strategy

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct	14258	N/A
2. Universal Indirect	N/A	3719191
3. Selective	1010	N/A
4. Indicated	2091	N/A
5. Total	17359	3719191

Footnotes:



## V: Performance Indicators and Accomplishments

**Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention**

**Definition of Evidence-Based Programs and Strategies:** The guidance document for the Strategic Prevention Framework State Incentive Grant, **Identifying and Selecting Evidence-based Interventions**, provides the following definition for evidence-based programs:

- Inclusion in a Federal List or Registry of evidence-based interventions
- Being reported (with positive effects) in a peer-reviewed journal
- Documentation of effectiveness based on the following guidelines:
  - Guideline 1:  
The intervention is based on a theory of change that is documented in a clear logic or conceptual model; and
  - Guideline 2:  
The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature; and
  - Guideline 3:  
The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to Identifying and Selecting Evidence-Based Interventions scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; and
  - Guideline 4:  
The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.

1. Describe the process the State will use to implement the guidelines included in the above definition.

Idaho's State Epidemiological Outcomes Workgroup (SEOW) makes determinations on whether programs are evidence-based. Programs that are listed as effective on national registries including Blueprints and Office of Juvenile Justice and Delinquency Prevention are also deemed evidence-based. However, if the program is not listed on a national registry, the program must be reviewed by the Idaho Evidence-Based Practices Workgroup to identify if there is evidence of effectiveness. The SEOW is composed of research professionals from several state agencies and organizations. For a program to be reviewed, an application and three research articles must be submitted. The SEOW scores the materials and either disapprove or approve of the program provisionally. If the program has been approved provisionally, the program provider must supply outcome data as outlined in their application. Once the outcome data has been reviewed, the SEOW will determine whether the program should be considered evidence-based.

2. Describe how the State collected data on the number of programs and strategies. What is the source of the data?

The state collects this data in developed Excel spreadsheets that grantees submit to the Office of Drug Policy quarterly. Grantees submit the number of programs and cohorts and the attendance for those sessions. The number of cohorts are summed.

**Table 34 - SUBSTANCE ABUSE PREVENTION Number of Evidence-Based Programs and Strategies by Type of Intervention**

	<b>A. Universal Direct</b>	<b>B. Universal Indirect</b>	<b>C. Universal Total</b>	<b>D. Selective</b>	<b>E. Indicated</b>	<b>F. Total</b>
1. Number of Evidence-Based Programs and Strategies Funded	591	2	593	87	56	736
2. Total number of Programs and Strategies Funded	597	7	604	87	57	748
3. Percent of Evidence-Based Programs and Strategies	98.99 %	28.57 %	98.18 %	100.00 %	98.25 %	98.40 %

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies**

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 591	\$ 632161.29
Universal Indirect	Total # 2	\$ 167080.00
Selective	Total # 87	\$ 277826.17
Indicated	Total # 56	\$ 141973.43
	Total EBPs: 736	Total Dollars Spent: \$1219040.89

**Footnotes:**

In response to the revision request date Dec. 19, 2018, Due to the data management system used, the Office of Drug Policy (ODP) can only report on fiscal year for FY2016. Beginning January of 2017, ODP will be able report calendar.

V: Performance Indicators and Accomplishments

Prevention Attachments

Submission Uploads

FFY 2017 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2017 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2017 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2017 Prevention Attachment Category D:		
File	Version	Date Added

Footnotes: